

AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Wednesday, January 12, 2022

For members of the public to observe the meeting, please click on the following link:
<https://www.idahoptv.org/shows/idahoinsession/ew20/>

SUBJECT	DESCRIPTION	PRESENTER
---------	-------------	-----------

Organizational Meeting

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Vander Woude
Rep Gibbs
Rep Blanksma
Rep Kingsley
Rep Christensen
Rep Lickley

Rep Erickson
Rep Ferch
Rep Mitchell
Rep Chew
Rep Rubel
Rep Burns

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
Email: hhel@house.idaho.gov

MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Wednesday, January 12, 2022
TIME: 9:00 A.M.
PLACE: Room EW20
MEMBERS: Chairman Wood, Vice Chairman Vander Woude, Representatives Gibbs, Blanksma, Kingsley, Christensen, Lickley, Erickson, Ferch, Mitchell, Chew, Rubel, Burns
**ABSENT/
EXCUSED:** None
GUESTS: None

Chairman Wood called the meeting to order at 9:00 a.m. A roll call attendance showed all committee members present. **Rep. Ned Burns**, District 26, and **Vance Lind**, the Committee Page, were introduced.

Chairman Wood recommended the committee wear masks and take advantage of available testing this session. He stated if members experience any respiratory symptoms, they need to secure immediate testing and not come into the building.

He outlined the schedule for reviewing Administrative Rules, which have mandated re-writes. The members were asked to assure a specific emergency clause is included in any proposed legislation. All agency legislation will be started in the Senate this year.

Chairman Wood named **Reps. Burns, Erickson, and Ferch** to be the committee's minutes proofreaders. He instructed them to be punctual in their proofing responses.

With a new remote testimony system and limited IT staff, each Chairman decides whether or not to use the system. **Chairman Wood** stated he has decided it will be initially implemented only for presenters, support staff used by presenters, and public hearings. Regular committee meetings will not include remote testimony. Sign-in sheets will continue to be used within the committee room.

He cautioned the committee members regarding campaigning during any meeting, emphasizing it will be considered inappropriate and out of order.

Chairman Wood shared the historical use of Senate cosponsors, stating he will require the inclusion of a Senate cosponsor for any legislation before the committee.

In closing, **Chairman Wood** reminded the committee that his office is always open to help them.

Responding to a request for clarification between public and regular hearings, **Chairman Wood** said a public hearing would be one where the public is invited to testify on a general subject, such as the Department of Health and Welfare, and a regular meeting addresses specific Administrative Rules or legislation.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 9:16 a.m.

Representative Wood
Chair

Irene Moore
Secretary

AMENDED AGENDA #1
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Tuesday, January 18, 2022

For members of the public to observe the meeting, please click on the following link:
<https://www.idahoptv.org/shows/idahoinsession/ew20/>

SUBJECT	DESCRIPTION	PRESENTER
RS 29142	Idaho Code Section Repeal	Rep. Blanksma
RS 29157	Uniformed Controlled Substances Act Update	Kurt Stembridge
DOCKET NO.:		
16-0000-2100	Notice of Omnibus Rulemaking - Proposed Rule	Tamara Prisock, Dept. of Health & Welfare
16-0000-2100F	Notice of Omnibus Rulemaking (Fee Rule) - Proposed Rule	Tamara Prisock

The Legislature is starting a new system to allow remote presentations of proposed legislation and rules as well as remote public testimony for legislation, bills, and public hearings.

This week the Health & Welfare Committee will be limiting remote input to presentations only and not taking any remote public testimony.

Beginning next week, the Health & Welfare Committee will begin accepting remote public testimony for those unable to appear in person.

This is a new system with technical complexities. Please be respectful and patient as we bring this system online.

***Public Testimony Will Be Taken by Registering Through the Following Link:
[Registry to Testify](#)***

If you have written testimony, please provide a copy to the committee secretary.

COMMITTEE MEMBERS

Chairman Wood	Rep Erickson
Vice Chairman Vander Woude	Rep Ferch
Rep Gibbs	Rep Mitchell
Rep Blanksma	Rep Chew
Rep Kingsley	Rep Rubel
Rep Christensen	Rep Burns
Rep Lickley	

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
Email: hhel@house.idaho.gov

MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

- DATE:** Tuesday, January 18, 2022
- TIME:** 9:00 A.M.
- PLACE:** Room EW20
- MEMBERS:** Chairman Wood, Vice Chairman Vander Woude, Representatives Gibbs, Blanksma, Kingsley, Christensen, Lickley, Erickson, Ferch, Mitchell, Chew, Rubel, Burns
- ABSENT/
EXCUSED:** Representative(s) Burns
- GUESTS:** The sign-in sheet will be retained in the committee secretary's office; following the end of the session the sign-in sheet will be filed with the minutes in the Legislative Library.
- Chairman Wood** called the meeting to order at 9:00 a.m.
- MOTION:** **Rep. Ferch** made a motion to approve the minutes of the January 12, 2022, meeting. **Motion carried by voice vote.**
- RS 29142:** **Rep. Megan Blanksma**, District 23, presented **RS 29142** to repeal vaccine storage requirements which have not been updated since 1921.
- MOTION:** **Rep. Gibbs** made a motion to introduce **RS 29142**. **Motion carried by voice vote.**
- RS 29157:** **Kurt Stembridge**, Director, State Government Affairs, Greenwich Biosciences, a Division of Jazz Pharmaceuticals, presented **RS 29157**. The proposed legislation amends the definitions of "marijuana" and "tetrahydrocannabinols" to exclude nabiximols in a drug product form approved by the Food and Drug Administration (FDA). This change will allow prescription dispensing after approval by the FDA and the Drug Enforcement Administration (DEA).
- MOTION:** **Rep. Blanksma** made a motion to introduce **RS 29157**. **Motion carried by voice vote.**
- DOCKET NO.
16-0000-2100:** **Tamara Prisock**, Administrator, Division of Licensing and Certification, Department of Rules Review Officer, presented **Docket No. 16-0000-2100**. Within this Omnibus Rule, four chapters contain regular rule changes, nine chapters are completely rewritten, one unnecessary chapter is eliminated, and thirty-two chapters are unchanged.
- The regular rule changes add a prehospital support waiver to provide the highest rural level of care possible. Other changes align with **H 351**, 2020, COVID 19 flexibilities and requirements, clarify language and definitions, as well as update provider qualifications.
- The rewritten chapters for both Omnibus Dockets exceed Executive Order 2020-01 by achieving an overall reduction of 34% in the number of total words and 53% in restrictive words.
- Substantial changes in the rewritten chapters include statewide practice, streamlining of duplicate or vague language, document requirements, business flow, certification, and application processes. Unnecessary requirements were removed along with obsolete definitions or references. Additional revisions update staff qualifications, training, quality assurance programs, statute references, specified available services, federal law and state plan alignment, notification and assessment processes, and waiver alignment. Response and investigation now includes a quality assurance section.

Chairman Wood informed the Committee of an issue in **Section 06.03.09.722.01(c)** where certification or licensing is required by the American Board for Certification in Orthotics or Prosthetics. Placed into rule in anticipation of a federal requirement which was never approved, he said additional time is needed for a determination regarding how to proceed.

MOTION: **Rep. Blanksma** made a motion to approve **Docket No. 16-0000-2100** with the exception of **Section 16.03.09**. **Motion carried by voice vote.**

MOTION: **Rep. Blanksma** made a motion to **HOLD Docket No. 16-0000-2100, Section 16.03.09** in committee at the Chairman's discretion, but no longer than February 25, 2022. **Motion carried by voice vote.**

DOCKET NO. 16-0000-2100F: **Tamara Prisock**, Administrator, Division of Licensing and Certification, Department of Rules Review Officer, presented **Docket No. 16-0000-2100F**, which contains three chapters with regular rule changes, three rewritten chapters, and eleven chapters without changes.

The regular rule changes include revision of the dispute resolution process. Definitions were updated for clarification and to ensure alignment with other rule sections. Clarification was made to both training courses and eligibility requirements. Other changes were in alignment with **H 336**, 2021.

The rewritten chapters streamlined the requirements for registration, correcting data entry errors, providing supplemental information, original certificate copies, miscarriage certificates, current laboratory tests, market-based fees, and program eligibility. Obsolete language removals provide further clarification.

MOTION: **Rep. Rubel** made a motion to approve **Docket No. 16-0000-2100F**. **Motion carried by voice vote.**

ADJOURN: There being no further business to come before the committee, the meeting adjourned at 9:41 a.m.

Representative Wood
Chair

Irene Moore
Secretary

AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Thursday, January 20, 2022

For members of the public to observe the meeting, please click on the following link:
<https://www.idahoptv.org/shows/idahoinsession/ew20/>

SUBJECT	DESCRIPTION	PRESENTER
RS 29024C1	Vocational Rehabilitation Program	Mike Walsh, ID Commission for the Blind & Visually Impaired
DOCKET NO.:	Div. of Occupational & Professional Licenses	
24-0000-2100	Board of Medicine Subsection (24.33.03)	Tim Frost, Deputy Dir.
24-0000-2100F	The portion of the Fee Rules traditionally reviewed by Health & Welfare Committee.	Tim Frost

The Legislature is starting a new system to allow remote presentations of proposed legislation and rules as well as remote public testimony for legislation, bills, and public hearings.

This week the Health & Welfare Committee will be limiting remote input to presentations only and not taking any remote public testimony.

Beginning next week, the Health & Welfare Committee will begin accepting remote public testimony for those unable to appear in person.

This is a new system with technical complexities. Please be respectful and patient as we bring this system online.

Public Testimony Will Be Taken by Registering Through the Following Link:
[Register to Testify](#)

If you have written testimony, please provide a copy to the committee secretary.

COMMITTEE MEMBERS

Chairman Wood	Rep Erickson
Vice Chairman Vander Woude	Rep Ferch
Rep Gibbs	Rep Mitchell
Rep Blanksma	Rep Chew
Rep Kingsley	Rep Rubel
Rep Christensen	Rep Burns
Rep Lickley	

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
Email: hhel@house.idaho.gov

MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

- DATE:** Thursday, January 20, 2022
- TIME:** 9:00 A.M.
- PLACE:** Room EW20
- MEMBERS:** Chairman Wood, Vice Chairman Vander Woude, Representatives Gibbs, Blanksma, Kingsley, Christensen, Lickley, Erickson, Ferch, Mitchell, Chew, Rubel, Burns
- ABSENT/
EXCUSED:** Representative(s) Blanksma, Burns
- GUESTS:** The sign-in sheet will be retained in the committee secretary's office; at the end of the session the sign-in sheet will be filed with the minutes in the Legislative Library.
Chairman Wood called the meeting to order at 9:00 a.m.
- RS 29024C1:** **Mike Walsh**, Chief of Rehabilitation Services, Idaho Commission for the Blind & Visually Impaired, presented **RS 29024C1**. This proposed legislation update reflects current federal statutes for the vocational rehabilitation program.
- MOTION:** **Rep. Chew** made a motion to introduce **RS 29024C1**. **Motion carried by voice vote.**
Addressing the committee, **Chairman Wood** explained that when the original Division of Occupational and Professional Licenses (DOPL) Omnibus Rule was created, it incorporated all of their agencies instead of breaking them down by each reviewing committee. Today we will be reviewing and voting on only those Rules pertaining to our committee.
- DOCKET NO. 24-0000-2100:** **Tim Frost**, Deputy Administrator, DOPL, presented **Docket No. 24-0000-2100 Section 24.33.03**. The changes to this section are in line with the Red Tape Reduction Act. Obsolete, duplicate, or unnecessary language has been removed. A new provision requiring licensees to cooperate with board investigations is added to provide consistency with other licensing board requirements. This also removes barriers to responses during a health emergency.
- MOTION:** **Rep. Vander Woude** made a motion to approve **Docket No. 24-0000-2100 Section 24.33.03**. **Motion carried by voice vote.**
- DOCKET NO. 24-0000-2100F:** **Tim Frost**, Deputy Administrator, DOPL, presented the twenty-five chapters of **Docket No. 24-0000-2100F** which are pertinent to review by the Health & Welfare Committee. Of the twenty-five chapters, six have changes.
Changes to **Section 24.12.01**, for Psychologists, bring it in line with statute and other licensing boards. Exam requirements have been simplified and duplicate rules for the Telehealth Access Act have been removed.
Section 24.31.01, for Dentistry, is updated by removing unnecessary definitions, fees, redundant language, and duplications. Additional changes correct publishing errors and simplify the chapter.
The update for **Section 24.33.01**, for Physician Rules, includes adding reference to the Medical Malpractice Code, removal of unnecessary abbreviations, and alignment with statutory changes. Appropriate use of abbreviations and clarifying language have been added.
Section 24.33.02, for Physician Assistants, has had significant changes made in order to be aligned with statutory changes. Two sections have been merged into the scope of practice rule.

Chairman Wood put the committee at ease.

Chairman Wood called the meeting to order.

Rep. Lickley introduced **Liberty Ortega**, who is interning for Rep. Lickley and **Rep. Hartgen** during this session.

Tim Frost continued his presentation of those portions of **Docket No. 24-0000-2100F** requiring the Health & Welfare Committee review. **Section 24.33.06**, for Respiratory Therapists, has updates which align with changes to the Respiratory Care Practice Act, remove unnecessary definitions or language, and clarify continuing education requirements.

Section 24.36.01, for Pharmacy, updates the waivers and variances provisions to provide consistency with the Idaho Administrative Procedures Act. Clarification is made for continuing education and the qualifications for pharmacy technician registration. In response to new federal procedures, a cancellation clause for controlled substance registration has been added. Requirements for telepharmacy drug outlet storage, security, and inventory have been simplified.

The remaining unchanged chapters within **Docket No. 24-0000-2100F**, which are before this committee, have been previously reviewed and approved by the legislature.

MOTION: **Rep. Lickley** made a motion to approve **Docket No. 24-0000-2100F Sections 24.03.01, 24.06.01, 24.09.01 through 24.17.01, 24.19.01, 24.23.01, 24.24.01, 24.26.01, 24.27.01, 24.31.01, and 24.33.01 through 24.36.01. Motion carried by voice vote.**

ADJOURN: There being no further business to come before the committee, the meeting adjourned at 9:27 a.m.

Representative Wood
Chair

Irene Moore
Secretary

AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Monday, January 24, 2022

For members of the public to observe the meeting, please click on the following link:
<https://www.idahoptv.org/shows/idahoinsession/ew20/>

SUBJECT	DESCRIPTION	PRESENTER
RS 29192	Traumatic Childhood Experiences	Rep. Green
DOCKET NO.: 15-0100-2100	Notice of Omnibus Rulemaking - Proposed Rule	Judy Taylor, Director ID Commission on Aging

This week the Health & Welfare Committee will start taking remote public testimony as well as in-person public testimony.

Starting January 31, 2022, everyone wishing to testify, either remotely or in person, must sign up online. There will be no sign-up sheets in the committee room. Everyone must sign up remotely no later than the meeting start time. Anyone not signed up remotely by the start of the committee meeting will not be called on to testify.

Again, please be respectful and patient as we bring this new system online.

***Public Testimony Will Be Taken by Registering Through the Following Link:
[Register to Testify](#)***

If you have written testimony, please provide a copy to the committee secretary.

COMMITTEE MEMBERS

Chairman Wood	Rep Erickson
Vice Chairman Vander Woude	Rep Ferch
Rep Gibbs	Rep Mitchell
Rep Blanksma	Rep Chew
Rep Kingsley	Rep Rubel
Rep Christensen	Rep Burns
Rep Lickley	

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
Email: hhel@house.idaho.gov

MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Monday, January 24, 2022

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood, Vice Chairman Vander Woude, Representatives Gibbs, Blanksma, Kingsley, Christensen, Lickley, Erickson, Ferch, Mitchell, Chew, Rubel, Burns

**ABSENT/
EXCUSED:** Representative(s) Christensen, Mitchell

GUESTS: The sign-in sheet will be retained in the committee secretary's office; following the end of the session the sign-in sheet will be filed with the minutes in the Legislative Library.

Chairman Wood called the meeting to order at 9:00 a.m.

MOTION: **Rep. Erickson** made a motion to approve the minutes of the January 18 and 20, 2022, meetings. **Motion carried by voice vote.**

RS 29192: **Rep. Brooke Green**, District 18, presented **RS 29192**, a proposed concurrent resolution to encourage state officers, agencies, and employees to promote interventions and practices to identify and treat child and adult survivors of severe emotional trauma and other adverse childhood experiences using interventions proven to help and develop resiliency in these survivors.

MOTION: **Rep. Rubel** made a motion to introduce **RS 29192**. **Motion carried by voice vote.**

**DOCKET NO.
15-0100-2100:** **Judy Bicknell Taylor**, Director, Idaho Commission on Aging, presented **Docket No. 15-0100-2100**. She described the services and goals of the Idaho Commission on Aging. The commission has focused on providing services during this difficult time and have made no rule changes since those made for the 2020 Red Tape Reduction Act.

MOTION: **Rep. Gibbs** made a motion to approve **Docket No. 15-0100-2100**. **Motion carried by voice vote.**

ADJOURN: There being no further business to come before the committee, the meeting adjourned at 9:13 a.m.

Representative Wood
Chair

Irene Moore
Secretary

AMENDED AGENDA #1
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Wednesday, January 26, 2022

For members of the public to observe the meeting, please click on the following link:
<https://www.idahoptv.org/shows/idahoinsession/ew20/>

SUBJECT	DESCRIPTION	PRESENTER
H 445	Repeal - Biological Product Storage	Rep. Blanksma
RS 29187	PANDA/PANS Awareness Day	Rep. Mathias
DOCKET NO.:		
16-0000-2100	Section 16.03.09.772.01(c) Held In Committee	Juliet Charon, Dept. of Health & Welfare
15-0200-2100	Notice of Omnibus Rulemaking - Proposed Rule	Mike Walsh, Rehabilitation Services Chief
H 454	Federal Statute Citations Correction	Mike Walsh

This week the Health & Welfare Committee will start taking remote public testimony as well as in-person public testimony.

Starting January 31, 2022, everyone wanting to testify, either remotely or in person, must sign up online. There will be no sign-up sheets in the committee room. Everyone must sign up remotely no later than the meeting start time. Anyone not signed up remotely by the start of the committee meeting will not be called on to testify.

Again, please be respectful and patient as we bring this new system online.

Public Testimony Will Be Taken by Registering Through the Following Link:
[Register to Testify](#)

If you have written testimony, please provide a copy to the committee secretary.

COMMITTEE MEMBERS

Chairman Wood	Rep Erickson
Vice Chairman Vander Woude	Rep Ferch
Rep Gibbs	Rep Mitchell
Rep Blanksma	Rep Chew
Rep Kingsley	Rep Rubel
Rep Christensen	Rep Burns
Rep Lickley	

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
Email: hhel@house.idaho.gov

MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Wednesday, January 26, 2022

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood, Vice Chairman Vander Woude, Representatives Gibbs, Blanksma, Kingsley, Christensen, Lickley, Erickson, Ferch, Mitchell, Chew, Rubel, Burns

**ABSENT/
EXCUSED:** None

GUESTS: The sign-in sheet will be retained in the committee secretary's office; following the end of the session the sign-in sheet will be filed with the minutes in the Legislative Library.

Chairman Wood called the meeting to order at 9:00 a.m.

MOTION: **Rep. Ferch** made a motion to approve the minutes of the January 24, 2022, meeting. **Motion carried by voice vote.**

Rep. Gibbs introduced **Officer McWilliams** from Soda Springs who is on assignment at the Capital.

**UNANIMOUS
CONSENT
REQUEST:** **Chairman Wood** made a unanimous consent request to **HOLD RS 29187** in committee until the meeting on January 27, 2022. There being no objection, the request was granted.

H 445: **Rep. Megan Blanksma**, District 23, presented **H 445**, which repeals an outdated section of code for vaccine storage at 50 to 60 degrees Fahrenheit.

MOTION: **Rep. Gibbs** made a motion to send **H 445** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Blanksma** will sponsor the bill on the floor.

**DOCKET NO.
16-0000-2100:** **Chairman Wood** returned **Docket No. 16-0000-2100 Section 16.03.09** to the committee. This section became effective in 2017 in alignment with Federal Rules. With the deletion of the federal rule, a conflict between **Subsection 772(c)** and Medicaid Rules has arisen.

Juliet Charon, Administrator, Department of Health and Welfare, Division of Medicaid, further presented **Docket No. 16-0000-2100 Section 16.03.09**. She requested the committee strike the language found in **Subsection 772.01(c)**. A temporary replacement rule will then be created stating: (c) All prosthetic and orthotic devices that require fitting must be provided by a podiatrist, or an individual who is certified or registered by the American Board for Certification in Orthotics, Prosthetics and Pedorthics.

Answering a question, she stated this section is specific to podiatrists and the fitting of orthotics and devices.

MOTION: **Rep. Vander Woude** made a motion to approve **Docket No. 16-0000-2000 Section 16.03.09** with the exception of **Subsection 772.01(c)**. **Motion carried by voice vote.**

DOCKET NO. 15-0200-2100: **Mike Walsh**, Rehabilitation Services Chief, Commission for the Blind and Visually Impaired, presented **Docket No. 15-0200-2100**. A word count reduction of 37% has been achieved and is in alignment with the Executive ordered Red Tape Reduction Act and Zero Based Regulation. Three chapters sharing common requirements and language have been combined into one chapter. Alignment has been made to federal requirements and outdated language has been removed. The rules are now lighter and easier to navigate. He noted there were two grammatical errors still needing change to provide gender neutrality.

MOTION: **Rep. Blanksma** made a motion to approve **Docket No. 15-0200-2100**. **Motion carried by voice vote.**

H 454: **Mike Walsh**, Rehabilitation Services Chief, Commission for the Blind and Visually Impaired, presented **H 454** which updates the Commission's ability to administer rehabilitation in federal programs by referencing compliance to the Rehabilitation Act of 1973, the Workforce Innovation and Opportunity Act of 2014, and their subsequent amendments.

MOTION: **Rep. Blanksma** made a motion to send **H 454** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Gibbs** will sponsor the bill on the floor.

ADJOURN: There being no further business to come before the committee, the meeting adjourned at 9:19 a.m.

Representative Wood
Chair

Irene Moore
Secretary

AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Thursday, January 27, 2022

For members of the public to observe the meeting, please click on the following link:
<https://www.idahoptv.org/shows/idahoinsession/ew20/>

SUBJECT	DESCRIPTION	PRESENTER
RS 29156	Conversion Therapy Age Limit	Rep. McCrostie
RS 29187	PANDA/PANS Awareness Day	Rep. Mathias
H 446	Controlled Substances - Nabiximols	Kurt Stembridge, Greenwich Biosciences

Child Protection Act Update

This week the Health & Welfare Committee will start taking remote public testimony as well as in-person public testimony.

Starting January 31, 2022, everyone wanting to testify, either remotely or in person, must sign up online. There will be no sign-up sheets in the committee room. Everyone must sign up remotely no later than the meeting start time. Anyone not signed up remotely by the start of the committee meeting will not be called on to testify.

Again, please be respectful and patient as we bring this new system online.

Public Testimony Will Be Taken by Registering Through the Following Link:
[Register to Testify](#)

If you have written testimony, please provide a copy to the committee secretary.

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Vander Woude
Rep Gibbs
Rep Blanksma
Rep Kingsley
Rep Christensen
Rep Lickley

Rep Erickson
Rep Ferch
Rep Mitchell
Rep Chew
Rep Rubel
Rep Burns

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
Email: hhel@house.idaho.gov

MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

- DATE:** Thursday, January 27, 2022
- TIME:** 9:00 A.M.
- PLACE:** Room EW20
- MEMBERS:** Chairman Wood, Vice Chairman Vander Woude, Representatives Gibbs, Blanksma, Kingsley, Christensen, Lickley, Erickson, Ferch, Mitchell, Chew, Rubel, Burns
- ABSENT/
EXCUSED:** None
- GUESTS:** The sign-in sheet will be retained in the committee secretary's office; following the end of the session the sign-in sheet will be filed with the minutes in the Legislative Library.
- Chairman Wood** called the meeting to order at 9:01 a.m.
- MOTION:** **Rep. Burns** made a motion to approve the minutes of the January 26, 2022, meeting. **Motion carried by voice vote.**
- RS 29156:** **Rep. John McCrostie**, District 16, presented **RS 29156** which stipulates a licensed mental health professional shall not engage in conversion therapy on a patient younger than 18 years of age. It exempts clergy, religious counselors, parents, and grandparents, as long as they are not acting as a licensed professional. This is the result of discussions and compromise between disparate stakeholders.
- MOTION:** **Rep. Rubel** made a motion to introduce **RS 29156**. **Motion carried by voice vote.** **Rep. Blanksma** requested to be recorded as voting **NAY**.
- RS 29187:** **Rep. Chris Mathias**, District 19, presented **RS 29187**, a proposed resolution recognizing Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections (PANDA) or Pediatric Acute-onset Neuropsychiatric Syndrome (PANS) which impact the autoimmune systems of young children. It declares October 9, 2022, PANDA/PANS Awareness Day in Idaho and will encourage information is easily accessible to the public.
- MOTION:** **Rep. Blanksma** made a motion to introduce **RS 29187**. **Motion carried by voice vote.**
- H 446:** **Kurt Stembridge**, Director, State Government Affairs, Greenwich Bioscience, a Division of Jazz Pharmaceuticals, presented **H 446**. Epidiolex has been approved for children, ages one year old and above, thanks in part to Idaho's expanded Food and Drug Administration (FDA) access site. Research is now bringing forth a second drug which is going through the FDA pathway. It's generic name is Nabiximols. It is a highly complex botanical oromucosal spray. The two main components are tetrahydro cannabidiol (THC) and cannabidiol (CBD). There are other minor cannabinoids within Nabiximol. Although it has been approved in over 25 countries, filing with the FDA will occur sometime this year to start the approval clock for full approval.
- Currently the only marijuana approved drug is Epidiolex. The legislation adds "or nabiximols" within the marijuana definition and with tetrahydrocannabinols in Section 37-2705(d)(27)i.
- This legislation prepares the way for immediate prescribing to begin upon FDA approval, Drug Enforcement Administration (DEA) scheduling, the Idaho Board of Pharmacy (IBOL) review, and the Idaho Division of Occupational and Professional Licenses (DOPL) review.

Nabiximols have been studied in the U.S. and abroad for multiple sclerosis spasticity, with additional trials in other neurological events. The FDA pathway requires proof of the drug interaction, that it works, and side effects.

Responding to committee questions, **Mr. Stembridge** said although derived from botanical marijuana, it requires the aforementioned proof to achieve FDA approval. Nabiximols will join Epidiolex, which has changed lives in children experiencing major seizures. It can only be prescribed by a licensed prescriber and dispensed by a licensed pharmacist. Legislative approval now assures immediate prescription authority upon FDA approval. Epidiolex was approved by the FDA in six months.

They have over 100k post-market safety data and clinical trials from Europe, which will be submitted to the FDA along with clinical trials run in the U.S. GW Pharmaceuticals was a small company with limited resources. By becoming part of Jazz Pharmaceuticals they have increased their resources for clinical trials and research on this area of cannabis.

Chairman Wood noted there was no one signed up to testify either remotely or in person.

MOTION: **Rep. Blanksma** made a motion to send **H 446** to the floor with a **DO PASS** recommendation.

Committee members commented on the use of medication when there are other alternatives without risk profiles, the possibility of this legislation opening the door to medicinal and recreational marijuana use, the existence of more dangerous pain killers already on the market, and the importance of helping multiple sclerosis patients.

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to send **H 446** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Vander Wouder** requested to be recorded as voting **NAY**. **Chairman Wood** will sponsor the bill on the floor.

Ross Edmunds, Administrator, Department of Health and Welfare, Division of Behavioral Health (BH), presented an update of **H 233**, 2021, the Child Protection Act.

He summarized the new section of Idaho Code 16-2426A, implemented July 1, 2021, to address substantiating disposition of a child and the inclusion of an inter-agency agreement.

Inter-agency collaboration is required to provide services and supports to children experiencing serious emotional disturbance (SED) and their families. Also required is an individualized assessment of the child's needs and available resources. Education regarding the roles of the department and other community partners is necessary. The collaboration with hospitals and health systems statewide is another integral part for successful implementation.

The department held focus groups to engage and learn from parents, families, law enforcement agencies, hospitals, and treatment providers. From the information gained a Child Welfare Administrative Directive was created to stipulate substantiation will not occur based solely upon a request for treatment and need for out-of-home placement. A review by the Deputy Attorney General and the Child Welfare Chief is required.

Additional focus has been placed on cross-divisional collaboration and communication. The intervention begins with the children and families prior to hospitalization. Developing a Quick Reaction Team of empowered decision makers leads to a coordinated response. An intra-agency agreement is being developed which outlines the response in advance.

Challenges include a shortage of resources, misconceptions regarding increased access to behavioral health treatment, when the courts can take jurisdiction under the Child Protection Act, when law enforcement can declare imminent danger, and coordination across multiple health care systems or organizations.

Answering committee questions, **Mr. Edmunds** said there is an intra-agency agreement and the inter-agency agreement is being developed. The inter-agency agreement needs to include juvenile corrections and define the concept of "agency," to include non-agency groups. They need to find the balance between agreement signers and stakeholders. They have been using circumstance-based education, which has highlighted the need for protective services for some cases.

Mr. Edmunds, responding to a committee request, stated he will provide a report indicating the number of children with mental health concerns who have been reported to child protection after July 1, 2021, in alignment with Idaho Code 16-2426A.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 10:06 a.m.

Representative Wood
Chair

Irene Moore
Secretary

AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Tuesday, February 01, 2022

For members of the public to observe the meeting, please click on the following link:
<https://www.idahoptv.org/shows/idahoinsession/ew20/>

SUBJECT	DESCRIPTION	PRESENTER
RS 29055C1	Public Health Districts	Michelle Peugh, HR Business Partner Division of Human Resources
RS 29080	Public Health Districts	Michelle Peugh
RS 29261	Dental Licenses	Jeremy Chou, Centurian Health Services
HCR 29	Encouragement of Trauma Survivor Interventions, Identification, and Treatment	Rep. Green
	Your Health Idaho Annual Report	Pat Kelly, Executive Director

The Health & Welfare Committee is taking remote public testimony as well as in-person public testimony. Individual testimony is limited to two (2) minutes.

There will be no sign-up sheets in the committee room. Everyone must sign up remotely no later than the meeting start time. Anyone not signed up remotely by the start of the committee meeting will not be called on to testify.

Again, please be respectful and patient as we bring this new system online.

***Public Testimony Will Be Taken by Registering Through the Following Link:
[Register to Testify](#)***

If you have written testimony, please provide a copy to the committee secretary.

COMMITTEE MEMBERS

Chairman Wood	Rep Erickson
Vice Chairman Vander Woude	Rep Ferch
Rep Gibbs	Rep Mitchell
Rep Blanksma	Rep Chew
Rep Kingsley	Rep Rubel
Rep Christensen	Rep Burns
Rep Lickley	

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
Email: hhel@house.idaho.gov

MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Tuesday, February 01, 2022

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood, Vice Chairman Vander Woude, Representatives Gibbs, Blanksma, Kingsley, Christensen, Lickley, Erickson (Powell), Ferch, Mitchell, Chew, Rubel, Burns

**ABSENT/
EXCUSED:** None

GUESTS: The sign-in sheet will be retained in the committee secretary's office; following the end of the session the sign-in sheet will be filed with the minutes in the Legislative Library.

Chairman Wood called the meeting to order at 9:00 a.m.

MOTION: **Rep. Ferch** made a motion to approve the minutes of the January 27, 2022, meeting. **Motion carried by voice vote.**

RS 29055C1: **Michelle Peugh**, Strategic Business Partner, Division of Human Resources, presented **RS 29055C1**, which clarifies the Public Health Districts operate as governmental entities authorized by the state.

MOTION: **Rep. Blanksma** made a motion to introduce **RS 29055C1**. **Motion carried by voice vote.**

RS 29080: **Michelle Peugh**, Strategic Business Partner, Division of Human Resources, presented **RS 29080**. This proposed legislation allows the Public Health Districts to establish a personnel system to support rates of pay and to perform other personnel actions as needed.

MOTION: **Rep. Blanksma** made a motion to introduce **RS 29080**. **Motion carried by voice vote.**

RS 29261: **Jeremy Chou**, Attorney, Givens Pursley, Representing Centurion Healthcare, presented **RS 29261**, to allow dentists who work at the Department of Correction to be employees of the Department, of the health care services vendor, or of a subcontractor of the health care services vendor.

MOTION: **Rep. Rubel** made a motion to introduce **RS 29261**.

Rep. Ferch declared Rule 80 stating a possible conflict of interest.

**VOTE ON
MOTION:** **Chairman Wood** called for a vote on the motion to introduce **RS 29261**. **Motion carried by voice vote.**

HCR 29: **Rep. Brooke Green**, District 18, presented **HCR 29**, stating it was a privilege to carry the legislation. She recapped the Idaho Behavioral Health Council's (IBHC) goal to tackle the growing behavioral health (BH) concerns through a statewide action plan. Adverse Childhood Experiences (ACEs) were identified as part of the number one prevention priority through increased utilization, reporting and public awareness. This legislation encourages state officers, agencies, and employees to promote interventions and practices to identify and treat child and adult survivors of severe emotional trauma and other ACEs.

Roger Sherman, Director, Idaho Children's Trust Fund, testified **in support of HCR 29**. This resolution is an invitation to improve lives in Idaho and understand the impact of ACEs. Building resiliency can change life-long outcomes. The science for ACEs begins with a key understanding shift from asking "what's wrong with you" to asking "what happened to you?" Starting in the mid 90's, a connection was discovered between early childhood trauma and long-term issues. Five of the ten leading causes of death are associated with ACEs. While ACEs are the diagnosis, building resiliency is the cure. Once a stable supportive relationship exists between the child and nurturing adult, the long-term effect is diminished.

Dr. Thomas Patterson, Pediatrician, testified **in support of HCR 29**. He shared how becoming trauma informed has impacted other states by decreasing incarceration, suicides, and other adverse results. This legislation will allow work in Idaho towards a trauma-informed approach. Through this we will see families thrive and children reach their greatest potential. He noted COVID has been recognized as a new ACEs event.

Noreen Womack, Pediatrician, Representing St. Luke's Healthcare System and the Idaho Chapter of American Pediatrics, testified **in support of HCR 29**. She said it's important to recognize ACEs are very common, with 65% of Idahoans reporting at least one childhood trauma event. This is not a zip code or specific population issue. It impacts the entire state.

Darcie DeLeon, Middle School Counselor, Licensed Master Social Worker, testified **in support of HCR 29**. Trauma shows up in the schools by impeding learning. It can look like other mental health disorders or learning disabilities. Teachers, who are educated in subject and curriculum, are not trained to respond to a student sharing trauma disclosures in a variety of ways. The child may displace anger onto their teacher since it is the child's only safe place. Without appropriate information and training in these situations, we can do more harm than good. This legislation is a first step to provide the early intervention support and trauma training to those involved in working with these vulnerable children. Schools are a great place to train educators to help support children.

Teresa Fritsch, Citizen, School Psychologist, National Association of School Psychologists Delegate, Member, Idaho School Psychologists Executive Board, testified **in support of HCR 29**. She has seen the daily impact of ACEs as students struggle with heightened levels of anxiety, poverty, abuse, and feelings of helplessness. Many students needing support find the school does not have the resources to help them. Policies are needed now to help our children become healthy adults.

Jean Mutchie, Employee, St. Luke's Healthcare System, President, Idaho Resilience Project, testified **in support of HCR 29**. The ACEs experiences are common and have severe impact on communities and families. She shared her personal story of an ACEs event which occurred when she was eight years old and her recent realization of its impact on her adult life. This Resolution speaks for and to every Idahoan to establish and demonstrate anyone can experience adversity. But there is a bright future when we work together.

Brent Mendenhall, County Commissioner, testified **in support of HCR 29**. As the only local official on the IBHC, he has learned about many issues and topics. ACEs impact BH issues previously never identified and explains a lot about behaviors he's seen in the community. ACEs not only increase health care costs but also impact future productivity and earnings. A BH risk survey found citizens with ACEs were more likely to be unemployed and less likely to receive high school diplomas.

In closing remarks, **Rep. Green** said those testifying today shared a glimpse of the struggles impacting Idaho's communities, children, and neighbors while highlighting the importance of preventing ACEs. This is one of many steps which the IBHC is bringing forward to encourage state officers, agencies, employees, families, and schools to secure evidence-based intervention to help children and the future of communities.

MOTION:

Rep. Lickley made a motion to send **HCR 29** to the floor with a **DO PASS** recommendation.

Speaking to her motion, **Rep. Lickley** said this is the first IBHC proposal. Through support, these children can overcome the trauma and eventually develop a lifetime of resiliency. ACEs do not justify harm to others, but does determine cause and effect. The problem-solving courts are helping, but a concentrated cooperative effort is still needed. It is important to be part of the promotion, prevention, engagement, and recovery of children with ACEs.

Rep. Ferch, while supporting the motion, said the emphasis is on post-event therapeutic or intervention supports. He expressed concern over the waning of cultural values and the degradation of how people treat each other. Without losing track of the conversations, he encouraged focus the reasons for getting to this point.

Rep. Vander Woude said not all adverse events are detrimental for children. Some provide a chance for learning. He asked the guidelines not be from the viewpoint of every childhood experience must be beneficial. He agreed with the importance of early intervention before there is a more dramatic manifestation.

VOTE ON MOTION:

Chairman Wood called for a vote on the motion to send **HCR 29** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Green** will sponsor the bill on the floor.

Pat Kelly, Executive Director, Your Health Idaho (YHI), presented the YHI annual report. With working remote teams, 2021 began much as 2020 ended. Upon passage of the American Rescue Plan Act (ARPA), Idaho was one of the first state-based marketplaces to implement the tax credits. Operating costs remain lowest of all state-based exchanges. YHI has saved Idahoans nearly \$41M since its creation.

2021 enrollees totaled 79k. Of those enrollees; 85% receive a tax credit, 75% renewed their previous coverage, and 25% were new to the exchange. Three quarters of the enrollments are done with the help of an agent, broker, or enrollment counselor.

Financially, YHI adheres to a fiscal conservative business model. Assessment fees are the majority of their revenue and remain substantially lower than the federal exchange. Additional revenue includes rent of offices within the YHI building. YHI maintains a six to nine month operating costs reserve.

With the new administration's 90-day Special Enrollment Period for the federal marketplace, YHI worked with state partners and opened a one-month Special Enrollment Period during March for those who were uninsured. The ARPA passage means more Idahoans became eligible and existing customers saw a 36% average reduction in their monthly premium.

The customer service support for the Advanced Premium Tax Credit (APTC) was brought in house. The increased demand and staffing challenges have led to application delays and extended wait times for customers. They continue to work through the backlog, which is less than 4% of customers waiting for their eligibility. Policies are in place to provide coverage due to processing delays.

There are now more than 800 Consumer Connectors who have completed the 2021 certification process. In partnership with GetInsured, the Broker Mobile Application was launched and allows agents to better serve their clients on the go.

With the pandemic, YHI has grown its virtual presence through e-materials, short informational videos, and virtual education classes. A media campaign promoted the Special Enrollment Periods. Investing in the YHI brand started with a two-part messaging survey to determine target audience awareness. Ahead of the 2022 open enrollment the "Health, Yeah" campaign was launched. After that launch the highest single-day for on-site activity in the history of the exchange was experienced.

For the 2022 open enrollment, two new insurance carriers joined the exchange plan. This certifies a record 164 medical and 17 dental plans. More than 85k Idahoans enrolled for coverage. Of that, 85% were renewals and 15% were new customers. Nearly 90% of the customers had paid for coverage by the end of open enrollment. Approximately 24% of enrollments have had a plan since 2014, when Idaho transitioned from the federal platform.

Looking ahead YHI plans to become a true one-stop-shop for coverage. Advertising will continue to grow their brand awareness to reach new audiences. They will work with state partners to find the best options for Idaho and Idahoans to enroll in plans.

Mr. Kelly said, in summary, YHI maintains the lowest operating costs of all state-based exchanges and has one of the highest per-capita enrollment rates. Stability and competition in the Idaho marketplace, with a record number of plans, continues to ensure choice for Idahoans offered in 2021.

In response to committee concerns regarding response calls, **Mr. Kelly** said they have fallen short of the increased demand and staffing challenges. He requested the referenced issues be forwarded to him. Since December his team continues to work seven days a week on the backlog. The ARPA tax credit sunsets at the end of 2022. There are multiple options for customers to contact them. The per-capita number equals the number of enrollees on the exchange relative to the population of the state. Paid advertising and services are \$750k this fiscal year. The \$41M savings is the difference between the assessment fee cost for HealthCare.Gov versus what it is for YHI.

The previous leased space for YHI was sold. They evaluated the possibility of leasing another location or purchase their own facility. YHI funds were used to purchase their current building, from which they also receive additional income through tenant leases. Because they are not a state agency they did not pursue use of the HP Complex.

ADJOURN: There being no further business to come before the committee, the meeting adjourned at 10:18 a.m.

Representative Wood
Chair

Irene Moore
Secretary

AMENDED AGENDA #1
HOUSE HEALTH & WELFARE COMMITTEE
9:30 A.M.
Room EW20
Thursday, February 03, 2022

For members of the public to observe the meeting, please click on the following link:
<https://www.idahoptv.org/shows/idahoinsession/ew20/>

SUBJECT	DESCRIPTION	PRESENTER
----------------	--------------------	------------------

[RS 29355C1](#)

Emergency Medical Services

Mike McGrane,
Benn Brocksome &
Associates

Crisis Standards Of Care

The Health and Welfare Committee is taking remote public testimony as well as in-person public testimony.

There will be no sign-up sheets in the committee room. Everyone must sign up remotely no later than the meeting start time. Anyone not sign up remotely by the start of the committee meeting will not be called on to testify.

Again, please be respectful and patient as we bring this new system online.

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Vander Woude
Rep Gibbs
Rep Blanksma
Rep Kingsley
Rep Christensen
Rep Lickley

Rep Erickson (Powell)
Rep Ferch
Rep Mitchell
Rep Chew
Rep Rubel
Rep Burns

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
Email: hhel@house.idaho.gov

MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Thursday, February 03, 2022

TIME: 9:30 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood, Vice Chairman Vander Woude, Representatives Gibbs, Blanksma, Kingsley, Christensen, Lickley, Erickson (Powell), Ferch, Mitchell, Chew, Rubel, Burns

**ABSENT/
EXCUSED:** Representative(s) Mitchell

GUESTS: The sign-in sheet will be retained in the committee secretary's office; following the end of the session the sign-in sheet will be filed with the minutes in the Legislative Library.

Chairman Wood called the meeting to order at 9:30 a.m.

MOTION: **Rep. Burns** made a motion to approve the minutes of the February 1, 2022, meeting. **Motion carried by voice vote.**

RS 29355C1: **Michael McGrane**, representing himself and Idaho EMS Providers, presented **RS 29355C1**. This proposed legislation for the Emergency Medical Services Fund III (EMSF3) expands the use of the funds to include training, licensing expenses, communication technology, dispatch services, and costs. It stipulates the funds are not to be used for personnel salaries.

MOTION: **Rep. Rubel** made a motion to introduce **RS 29355C1**.

Answering questions, **Mr. McGrane** said this change broadens the funds' use without additional money. The EMSF3 receives \$1 from drivers license fees. The change encourages volunteers in rural communities to apply for fund grants.

Rep. Blanksma expressed concern regarding the striking out and removal of "which include highway safety and emergency response to motor vehicle accidents," the tie to receive the drivers license funds. She requested the strike out be removed. After discussion, **Rep. Rubel** said she would be fine with inserting the deleted statement back into the proposed legislation.

**UNANIMOUS
CONSENT
REQUEST:** **Rep. Rubel** made a unanimous consent request to withdraw her motion. There being no objection, the request was granted.

MOTION: **Rep. Gibbs** made a motion to return **RS 29355C1** to the sponsor. **Motion carried by voice vote.**

Dave Jeppesen, Director, Department of Health and Welfare (DHW), came before the committee to present an overview of Crisis Standards of Care (CSC). He summarized the CSC definition as something, which is almost always an external event, happening where the demand for health care is bigger than the usual delivery capacity. It is formally declared by a state government as a recognition of crisis operations in effect for a sustained period.

The continuum of care is broken down into space, staff, supplies, and standard of care. Within those categories there are three condition levels: conventional, contingency, and crisis. The contingency level indicates things are a little out of normal and repurposing or substitutions can occur. The crisis level identifies a demand which outstrips supply or capacity. At crisis level, non-patient care areas may be used for outpatients, trained staff is inadequate for the demand, and a possible redirection of life-sustaining resources is needed.

The State of Idaho Disaster Medical Advisory Committee (SIDMAC) was formed for guidance to hospital facilities during a crisis situation. The SIDMAC publication for patient care strategies for scarce resource situations has been used as a guideline of suggested things to do during contingency and crisis situations. **Director Jeppesen** noted the publication is available on the DHW public records website.

The temporary CSC rule contains standards and processes for the CSC activation and deactivation for healthcare entities. It does not preclude any hospital from implementing their own protocols or utilizing the CSC guidance documents without the state declaration, such as during a specific emergency event in their community. Activation of the plan triggers notification to healthcare entities and the seven public health districts. CSC activation can be statewide, regional, temporary, or conditional.

When a CSC request is received the CSC Activation Advisory Committee (Activation Committee) is convened. The committee will look at the steps taken to address the limitation and evaluate if there is anything else to be done. All options for state and federal assistance will be considered. If the Committee determines the scarcity is sufficient to warrant a shift to CSC, they make a recommendation to the DHW Director who will accept, modify, or reject their recommendation. All of the recommendations are viewable on the DHW website.

When activated, healthcare entities are recommended to utilize the guidance from the SIDMAC CSC plan and guidelines.

Director Jeppesen emphasized the state and DHW do not make healthcare decisions when a CSC is declared. The entities are given the acknowledgement they are in a CSC situation and are then able to implement their protocols, guidance, and approach. Some hospitals may not operate within the CSC guidelines.

Deactivation can be accomplished as soon as sufficient resources are obtained to allow a return to the usual standard of care. To achieve this, specific shortages at the healthcare entities implementing CSC are monitored daily. Ongoing resource shortages and methods of addressing the shortages may be reviewed. When it is determined the resources are available and CSC is no longer warranted, the DHW Director convenes the Activation Committee for a recommendation. The Director can then issue a declaration proclamation to deactivate the CSC.

Responding to questions, **Director Jeppesen** stated there are no new temporary rules while in CSC beyond the temporary rule for activation and deactivation. Many of the facilities have run into unanticipated situations during the CSC and have made their own guidelines. The Director always issues a press release and holds a press briefing to explain what precipitated the CSC.

Dr. Steven Nemerson, Chief Clinical Officer, Incident Commander, St. Alphonsus Healthcare System (St. Al's), with responsibility for COVID management and aspects of St. Al's care delivery, continued the presentation.

CSC is a substantial change in usual healthcare operations because the care delivery focus shifts from the individual patient to the population of patients to assure the greatest number of lives are saved. The shift causes difficult choices for the timing and type of care provided. The original CSC declaration was a result of COVID-19's impact on the hospitals' critical care capacity. The current Omicron surge is a crisis in staffing and resources.

On January 24, 2022, St. Al's found it necessary to continue statewide CSC operation with CSC management due to an increase in COVID patients and a declared blood products crisis. This has greatly impacted the specialty care for patients with acute bleed, blood cancers, and acute trauma events.

Because the CSC designation is so serious, multiple daily meetings determine its continuation. While not at the most extreme CSC condition, St. Al's colleagues are modifying the amount and timing of care so all patients are covered. The shift from conventional staffing to contingent and crisis operation places staff in unusual roles.

Also occurring are larger numbers of staff unable to work due to COVID. This results in difficult and unpleasant choices for medically necessary time sensitive care and surgeries. There are approximately 2k patients requiring necessary surgical procedures or interventions which were delayed. St. Al's team have been prioritizing procedures for those who would suffer the most.

The supply chain shortage has led to a critical medication supply shortage. St. Al's colleagues have been carefully policing medication administration to patients. Negotiated use is also in place to handle the situation without notifying the DHW.

A shortage crisis of blood products has led to statewide collaboration between all healthcare providers. Conservation strategies are based on scientifically valid and best evidence, with stringent criteria. Communication with doctors alert everyone when a patient's overall circumstance does not meet the blood product guidelines, allowing them to omit any outlying conditions.

The CSC is not discriminatory. Medical decisions are made on objective and scientific validated criteria, with no consideration of any circumstance without a bearing on the patient's condition. If the situation worsens, the Triage Committee will ration care. The facilities can shift all resources from one patient to another in real time, insuring the needs of an entire group of patients are met to the best ability possible. St. Al's depends upon their national ministry to get resources.

Idahoans can all help during a CSC by recognizing and thanking those healthcare workers who are witnessing death daily, taking on more shifts, caring for more patients, and having to race between patient rooms to respond to patient needs.

Responding to committee questions, **Dr. Nemerson** said for approximately the last month, St. Al's has a record number of 100 to 140 employees out due to COVID. This doesn't capture those employees who have taken time off due to stress, burn out, or have taken work with other hospitals offering high incentives. On any given day St. Al's is short about 125 colleagues. Those out with COVID are contracting it at home or in their communities. St. Al's is protecting all colleagues appropriately when they are working with patients. Evidence clearly shows the vaccines reduce infection acquisition but doesn't prevent it entirely.

Answering a question, **Director Jeppesen** said clinical Federal Emergency Management Agency (FEMA) personnel are being used to address current hospital needs and the Idaho National Guard is handling non-clinical requests.

Dr. Jim Souza, Pulmonary Medical Care Physician, St. Luke's Healthcare System (St. Luke's) Chief Physician, offered the perspective of someone who has personally cared for critical COVID patients.

In practice, conventional care provides everything each patient needs. Contingency care means care to patients may require creativity to give them most of their needs. In CSC care some patients may receive only comfort and limited care, which may not save their lives. The CSC declaration does not stipulate how the facilities manage the crisis. During the CSC, St. Luke's has not de-escalated treatment from one patient to another. The Idaho usual standard of care is higher than most requirements due to its just-in-case design's layers and backups. Both he and **Dr. Nemerson** lead two of the IBM Watson Health's listed top 15 hospitals.

He described the erosion of quality of care and its impact on surgical procedures, chronic disease management, staff redeployments, expanded hospital team ratios, use of areas for intensive care, lack of code beds, prolonged bag valve mask ventilation, ventilator substitutions, use of high flow oxygen outside of the Intensive Care Unit (ICU), use of vasopressure drugs at non-ICU sites, reduction of drug monitoring for ICU patients, and the reduction of vital sign monitoring.

Although available, St. Luke's did not have to implement their Activation Committees and other CSC tools. This was due to the creativity, innovation and incredible sheer human effort of their health care teams. **Dr. Souza** reminded the committee the current crisis is on the heels of the previous eighteen months of hard work and surges.

The current CSC is related to blood product and staffing shortages. St. Luke's has several days of blood reserve and continues to ration blood, lowering the transfusion threshold to conserve the remaining supply. COVID volumes, although plateaued, still account for one-third of their admissions. Staff shortages due to infection, although declining over the past two weeks, mean tight staffing due to the unrelenting volumes of all types of patients. St. Luke's is still running above normal capacities and have surge units in their large facilities.

The case mix index (CMI) is up significantly with an increase in the average length of stay for both hospitalized and ICU patients. The surgical backlog of 9k cases has decreased with rescheduling. Drug supplies, as indicated by **Dr. Nemerson** are in critical shortage.

ADJOURN:

There being no further business to come before the committee, the meeting adjourned at 10:53 a.m.

Representative Vander Woude
Chair

Irene Moore
Secretary

AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Tuesday, February 08, 2022

For members of the public to observe the meeting, please click on the following link:
<https://www.idahoptv.org/shows/idahoinsession/ew20/>

SUBJECT	DESCRIPTION	PRESENTER
RS 29355C2	Emergency Medical Services	Michael McGrane
RS 29347	Pharmacists	Rep. Erickson
PRESENTATION	Governor's ARPA Recommendation	Alex Adams, Administrator Division of Financial Management

For Bills, the Health & Welfare Committee is taking remote public testimony as well as in-person public testimony.

There will be no sign-up sheets in the committee room. Everyone must sign up remotely no later than the meeting start time. Anyone not signed up remotely by the start of the committee meeting will not be called on to testify.

Again, please be respectful and patient as we bring this new system online.

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Vander Woude
Rep Gibbs
Rep Blanksma
Rep Kingsley
Rep Christensen
Rep Lickley

Rep Erickson (Powell)
Rep Ferch
Rep Mitchell
Rep Chew
Rep Rubel
Rep Burns

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
Email: hhel@house.idaho.gov

MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Tuesday, February 08, 2022

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood (Critchfield), Vice Chairman Vander Woude, Representatives Gibbs, Blanksma, Kingsley, Christensen, Lickley (Schutte), Erickson, Ferch, Mitchell, Chew, Rubel, Burns

**ABSENT/
EXCUSED:** Representative(s) Christensen

GUESTS: The sign-in sheet will be retained in the committee secretary's office; following the end of the session the sign-in sheet will be filed with the minutes in the Legislative Library.

Chairman Vander Woude called the meeting to order at 9:00 a.m. He welcomed **Rep. Debbie Critchfield** and **Rep. Amy Schutte** to the committee.

RS 29355C2: **Michael McGrane**, representing himself and other Idaho Emergency Medical Services (EMS) providers, presented **RS 29355C2** to expand the allowable use of EMS Grant Funds. This replaces **RS 29355C1** which was presented to the committee on February 3, 2022, and reinserts the statement "which include highway safety and emergency response to motor vehicle accidents," as agreed.

MOTION: **Rep. Rubel** made a motion to introduce **RS 29355C2**. **Motion carried by voice vote.**

RS 29347: **Rep. Marco Erickson**, District 33, presented **RS 29347**. Consistent with the Licensing Freedom Act, this proposed legislation consolidates the drug outlet registration process for resident and non-resident drug outlets.

MOTION: **Rep. Blanksma** made a motion to introduce **RS 29347**. **Motion carried by voice vote.**

Alex Adams, Administrator, Division of Financial Management, presented an overview of the Governor's American Rescue Plan Act (ARPA) recommendations. The majority of the funds went to Idaho citizens through stimulus checks. Other direct funds were part of the Paycheck Protection Program and business loans.

Direct state agency funding had specific program designations, with no latitude. The ARPA \$1.89B discretionary funds have a limited use menu, as reflected in the Governor's recommendations.

Although other states have immediately used their discretionary funds, Idaho's approach is to appropriate a small portion for hospital and crisis supports. Then, with an eye to the future, other fund investments can be made with a primary concern for water and sewer projects.

Based on the Idaho Behavioral Health Council (IBHC) recommendations, \$4.4M will be used to implement a mental health 988 crisis line with the suicide prevention hotline. This improvement will dispatch mobile response teams for mental health crisis calls. The base funding for the suicide prevention line is expected to sustain this additional crisis line.

Grants from the \$12M allocation for Community Behavioral Health Clinics will increase integrated care and treatment. Once established, the clinics will bill insurers and be self sustaining through claims adjudication.

The Substance Use Disorder (SUD) recovery centers support of \$1.8M will allow the centers to stabilize over the next three years, with possible use of the opioid settlement cash influx over the next decade.

Other recommendations include annual payouts of \$1M for three years to both the Home Visiting and Head Start programs, for a total of \$6M. Adding ARPA funds allows Idaho to serve more families and improve the nutrition and health of all participants.

The final recommendation is \$1M to Veterans Homes for COVID-19 expenses. This provides a resource to help with staffing issues and other direct COVID-19 related expenses without using General Funds.

Answering questions, **Mr. Adams** said Idaho could receive \$120M over a seventeen-year period from the opioid settlement. The crisis line is expected to be up and running by July, 2022. Behavioral Health Clinic grants will be prioritized by geographic locations. As with other budget recommendations, the Legislature determines the final appropriations. Idaho must allocate all of the funds by December, 2024, or they revert to the federal government. Another deadline is December, 2026, when any capital improvement projects funded by ARPA must be completed.

Dave Jeppesen, Director, Department of Health and Welfare (DHW) was invited to answer questions. He said the Behavioral Health Clinics' capitated model is designed to help patients become responsible and manage their care.

Responding to additional questions, **Mr. Adams** explained the extensive ARPA funds reporting requirement to the Treasury Department. Because the required information from each agency will also be extensive, use of a specific firm will be recommended to help them report accurately and on time.

A fourth Veteran Home is opening later this year and will assure all areas of Idaho are covered. Although legislative resolutions are being introduced to express support for the longitudinal projects over multiple fiscal years, future legislatures could change the current priorities.

Invited to answer more questions, **Director Jeppesen** stated the crisis line funds are one time costs for a larger software facility, set up of the mobile response teams, and operations until a long-term provider is selected. Director Jeppesen will provide the suicide prevention calls information to the committee for the meeting on February 9, 2022. Currently, law enforcement becomes the mental health first responders. The new crisis line will provide other resources to accompany law enforcement or go in their stead. To advertise the 988 number, the DHW will use media attention, extensive social media, law enforcement, and provider outreach. The crisis line will also be programed into the statewide 911 system. The Director will provide a breakdown of the \$4.4M mental health expenditures.

ADJOURN: There being no further business to come before the committee, the meeting adjourned at 9:41 a.m.

Representative Vander Woude
Chair

Irene Moore
Secretary

AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Wednesday, February 09, 2022

For members of the public to observe the meeting, please click on the following link:
<https://www.idahoptv.org/shows/idahoinsession/ew20/>

SUBJECT	DESCRIPTION	PRESENTER
	Department of Health & Welfare - Budget & ARPA Funds	Dave Jeppesen, Director

For Bills: the Health & Welfare Committee is taking remote public testimony as well as in-person public testimony.

There will be no sign-up sheets in the committee room. Everyone must sign up remotely no later than the meeting start time. Anyone not signed up remotely by the start of the committee meeting will not be called on to testify.

Again please be respectful and patient as we bring this new system online.

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Vander Woude
Rep Gibbs
Rep Blanksma
Rep Kingsley
Rep Christensen
Rep Lickley

Rep Erickson (Powell)
Rep Ferch
Rep Mitchell
Rep Chew
Rep Rubel
Rep Burns

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
Email: hhel@house.idaho.gov

MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Wednesday, February 09, 2022

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood (Critchfield), Vice Chairman Vander Woude, Representatives Gibbs, Blanksma, Kingsley, Christensen, Lickley (Schutte), Erickson, Ferch, Mitchell, Chew, Rubel, Burns

**ABSENT/
EXCUSED:** Representative(s) Gibbs, Blanksma, Christensen

GUESTS: The sign-in sheet will be retained in the committee secretary's office; following the end of the session the sign-in sheet will be filed with the minutes in the Legislative Library.

Chairman Vander Woude called the meeting to order at 9:00 a.m.

Dave Jeppesen, Director, Department of Health and Welfare (DHW), presented the DHW budget update. With eight divisions under the guidance of three deputy directors, the DHW helps Idahoans live their best lives. One of the challenges is the recruitment and retention of employees.

There are four strategic plan goals. 1) Ensure affordable, available healthcare that works. 2) Protect children, youth, and vulnerable adults. 3) Help Idahoans become as healthy and self-sufficient as possible. 4) Strengthen the public's trust and confidence in the DHW. Weekly reviews of the strategic plan include objective accountability.

The shift to paying for healthcare outcomes continues with the implementation of Healthy Connections. Improving the foster care time-to-permanency placement includes help at the onset to allow the best recovery with diminished disruption and trauma. The customer experience project has already produced an improved customer effort score. Reducing Idaho suicide deaths by 20% by 2025 requires everyone's involvement. Although 2021 saw an increase in suicide deaths over 2020, July to December of 2022 saw a 7% decrease.

Responding to questions, **Director Jeppesen** stated one suicide is too many. Last year 25k individuals were trained in suicide prevention from among the schools, first responders, and medical providers. There is an increased attention to prevention and suicide contagion.

Director Jeppesen then presented the DHW budget items, stipulating he would not include the one pass through and zero dollar items.

The Division of Family and Community Services (FACS) faces both staffing challenges and foster family recruitment and retention. Recent steps to pay bonuses and overtime through an exemption from the Division of Human Resources (DHR) have helped retain staff. A review of best use of their licensed personnel has revealed incidental areas where other staff can help social workers. The budget requests provide recruitment and retention bonuses, 24 additional child welfare full time personnel (FTP) and a 7% change in employee compensation (CEC).

Idaho pays the lowest foster care rate of any state. The budgeted foster care rate increase brings Idaho up to the median payment range for this care.

Answering a question, **Director Jeppesen** said foster families are monitored very closely to assure the payment is not a perverse incentive. The CEC 7% increase request does not include the state employee 3% CEC request. This increase combats the 20% pay increase ex-employees have reported receiving elsewhere.

With the help of an advisory panel there will be a new treatment model for those Idahoans served at the South West Idaho Treatment Center (SWITC). This is in response to a previous Office of Performance Evaluation (OPE) report. The new model includes an assessment observation unit to help those who are in crisis and need stabilization. It also has a step-down unit to help individuals transition back into their communities. Specific treatment for conditions such as autism have shown a need for a private provider within the community.

The budget requests include a supplemental request to build assessment and step-down facilities on the SWITC campus. The requested SWITC recruitment and retention bonuses are a targeted 7% CEC, which is in addition to the state employee 3% CEC. The current Immediate Care Facility (ICF) licensure requires changing to address the individuals housed at SWITC. The new model will be a Medicaid model and allow ongoing management.

Director Jeppesen explained, in response to questions, the ICF for Individuals with Intellectual Disabilities (ICF/ID) license is used for a residential treatment model. It does not cover the new service model where the individual has different levels of acuity to help them get back into the community.

SWITC patients have difficult behaviors and staff injuries do occur. The current facilities have blind corners, which will be improved with the new facility design. This will improve staff safety. The one-time supplemental bonus use will include a requirement the employees stay for a year. The CEC will be the long-term strategy for both recruitment and retention.

The proposed Division of Welfare one-time investments are for the low-income home energy assistance program, low-income household water assistance program and the Idaho Child Care Program (ICCP). The fragile child care network was destabilized during COVID-19 and the additional requested funds will provide stabilization, increased eligibility and program continuation through 2023. The Weatherization Assistance Program budget item requests one-time federal dollars.

The Child Care Development Funds (CCDF) assist community partners, such as the boys and girls clubs, for children aged five to thirteen. These grants are based on the organization's size and used for programs to keep kids at their learning levels after school or during the summer. The Child Care Stabilization Fund (CCSF) provides grants to child care providers at set monthly amounts to be used for infrastructure, supplies, staff retention, and recruiting bonuses. The program also provides increased eligibility for families qualified for the ICCP. The facilities have to meet the state or local licensing requirements, they have to be operating, and there is a signed agreement with acknowledgement of audits. There is no financial review.

Answering further, **Director Jeppesen** said the Governor has recommended an appropriation of \$50k through the Work Force Development Council for one-time funding to expand and stabilize Idaho's day care system. Facilities accepting ICCP individuals have a quality standard. The DHW does not have the authority to implement a statewide child care facility quality standard.

The Division of Medicaid has signed value-based payment agreements with eleven Idaho value-care organizations. Provider rate reviews without rate increases has created a provider network instability. A comprehensive review of annual provider rates has been implemented to prioritize rate adjustments. These focuses will provide a stable and vibrant provider network for Medicaid participants.

Rural Idaho needs the capacity to pay differential Medicaid provider rates. This requires a one-time system implementation cost of approximately \$800k (90% of which is paid by federal partners) with additional on-going staffing costs for the implementation (with 50% paid by federal partners).

Home and Community Based Services (HCBS) providers for developmental disabilities, residential rehabilitation, personal assistance, assisted living, medical services, and hospitals have not received a rate increase in four to nine years. The in-home services they provide keep their clients out of institutional settings. The requested funds are all federal money due to the current PHE additional 10% Federal Medical Assistance Percentages (FMAP). When HCBS funds run out there will be ongoing funding requirements. To cover this ongoing need, legislation is coming forth this session to increase the hospital assessment rate.

In reply to questions, **Director Jappesen** said Idaho is one of the few states with an effective Certified Family Home (CFH) Program. Giving CFHs a rate increase is on the DHW priority list for the next fiscal year. Rural differential pay rates are expected to be developed in conjunction with providers, who are hoping to get to the \$15 to \$20 hourly range.

The Medicaid Management Information System (MMIS) budget requests include a contract support increase and federally required system changes.

The PHE extension and subsequent FMAP increase of 6.2% has led to a reversion of \$109M back to Idaho. Another \$37M is expected to be reverted with the FMAP extension to another quarter. The ongoing supplement shows an anticipated reduction in federal funds due to the lower forecast for Medicaid Expansion spending.

Director Jeppesen, answering questions, explained the extra FMAP came with the condition to retain existing Medicaid participants unless they move out of state, die, or request to come off of the program. There are 108k individuals who remain but may no longer qualify. The federal partners have said they will provide 60-days' advance notice when the PHE will end to allow time for participant eligibility determinations.

The new Divisions of Management Services and Information Technology have two budget line items for modernization of the Criminal History Unit and the Cloud. This will address increased demand, delays, processing backlogs, and customer service.

The Idaho Behavioral Health Council's recommendations to improve the behavioral health system are noted by budget items for Idaho's connection to the 988 National Suicide Prevention Lifeline, Certified Community Behavioral Health Clinics, and Recovery Support Centers. The 988 set up includes connectivity to a variety of existing statewide 911 systems.

Mental health services budget items provide start-up grants for three facilities to become Psychiatric Residential Treatment Facilities (PRFTs) and Qualified Residential Treatment Programs (QRTPs). This will allow Idaho kids to stay in Idaho for treatment services.

The Division of Public Health is requesting one-time investments for COVID-19 response efforts and the development and implementation of a public health infrastructure. Three FTP are being added to help respond to the high volumes of requests for vital records.

Responding to questions, **Director Jeppesen** said the DHW is addressing the OPE report staffing inadequacies by requesting 24 FTPs. Currently there are approximately 400 open DHW positions. A review of lessons learned during the pandemic is planned to help with any similar future situations.

ADJOURN: There being no further business to come before the committee, the meeting adjourned at 10:35 a.m.

Representative Vander Woude
Chair

Irene Moore
Secretary

AMENDED AGENDA #2
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Thursday, February 10, 2022

For members of the public to observe the meeting, please click on the following link:
<https://www.idahoptv.org/shows/idahoinsession/ew20/>

SUBJECT	DESCRIPTION	PRESENTER
RS 29209	Assisted Living Visitation	Rep. Young
RS 29456	Hospital Districts	Rep. Furniss
RS 29335C1	Audiology and Speech-language Pathology Interstate Compact	Rep. Bundy
H 515	Public Health District Personnel	Michelle Peugh, Division of Human Resources
H 516	Public Health Districts - Personnel	Michelle Peugh

For bills, the Health & Welfare Committee is taking remote public testimony as well as in-person public testimony.

There will be no sign-up sheets in the committee room. Everyone must sign up remotely no later than the meeting start time. Anyone not signed up remotely by the start of the committee meeting will not be called on to testify.

Again please be respectful and patient as we bring this new system online.

Public Testimony Will Be Taken by Registering Through the Following Link:
[Register to Testify](#)

If you have written testimony, please provide a copy to the committee secretary.

COMMITTEE MEMBERS

Chairman Wood (Critchfield)	Rep Erickson
Vice Chairman Vander Woude	Rep Ferch
Rep Gibbs	Rep Mitchell
Rep Blanksma	Rep Chew
Rep Kingsley	Rep Rubel
Rep Christensen	Rep Burns
Rep Lickley (Schutte)	

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
Email: hhel@house.idaho.gov

MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Thursday, February 10, 2022

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood (Critchfield), Vice Chairman Vander Woude, Representatives Gibbs, Blanksma, Kingsley, Christensen, Lickley (Schutte), Erickson, Ferch, Mitchell, Chew, Rubel, Burns

**ABSENT/
EXCUSED:** Chairman Wood (Critchfield)

GUESTS: The sign-in sheet will be retained in the committee secretary's office; following the end of the session the sign-in sheet will be filed with the minutes in the Legislative Library.

Chairman Vander Woude called the meeting to order at 9:00 a.m.

MOTION: **Rep. Burns** made a motion to approve the minutes of the February 3, 2022, meeting. **Motion carried by voice vote.**

RS 29209: **Rep. Julianne Young**, District 31, presented **RS 29209**, proposed legislation for in-person visitations in residential care centers. The term "in person" has been included for immediate access, with no change to the resident's rights. Two new subsections stipulate in-person rights and possible precautions consistent with those required of facility personnel.

MOTION: **Rep. Blanksma** made a motion to introduce **RS 29209**. **Motion carried by voice vote.** **Reps. Gibbs** and **Lickley** requested to be recorded as voting **NAY**.

RS 29456: **Rep. Rob Furniss**, District 35, presented **RS 29456**. This proposed legislation allows district hospitals the options available to county hospitals to lease or sell property to a qualified non-profit for the continuity of service in the community. This provides options for the hospitals to address fiscal and local challenges. This impacts seven hospitals.

MOTION: **Rep. Gibbs** made a motion to introduce **RS 29456**. **Motion carried by voice vote.**

RS 29335C1: **Rep. Matthew Bundy**, District 23, presented **RS 29335C1**, proposed legislation to implement the Audiology and Speech-language Pathology Interstate Compact to allow audiologists and speech-language pathologists licensed in any state to provide services, including telehealth, in each member state as specified. Idaho would be the sixteenth state in the compact, with other states joining this year.

MOTION: **Rep. Blanksma** made motion to introduce **RS 29335C1**. **Motion carried by voice vote.**

H 515: **Michelle Peugh**, Strategic Business Partner, Division of Human Resources (DHR), presented **H 515**. This legislation clarifies statute resulting from **H 316**, 2021, which moved all decision making authority to the Public Health District Boards and Directors. Through this change employees can continue participation in the Public Employee Retirement System of Idaho (PERSI).

MOTION: **Rep. Blanksma** made a motion to send **H 515** to the floor with a **DO PASS** recommendation. **Rep. Blanksma** declared Rule 80. **Motion carried by voice vote.** **Rep. Blanksma** will sponsor the bill on the floor.

H 516: **Michelle Peugh**, Strategic Business Partner, DHR, presented **H 516**. This also clarifies statute changes resulting from **H 316**, 2021, allowing Public Health Districts to establish a personnel system to support rates of pay for appointments, promotions, demotions, and separations. It also allows them to perform other needed personnel actions. This act is effective March 1, 2022.

MOTION: **Rep. Blanksma** made a motion to send **H 516** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Blanksma** will sponsor the bill on the floor.

ADJOURN: There being no further business to come before the committee, the meeting adjourned at 9:15 a.m.

Representative Vander Woude
Chair

Irene Moore
Secretary

AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Tuesday, February 15, 2022

For members of the public to observe the meeting, please click on the following link:
<https://www.idahoptv.org/shows/idahoinsession/ew20/>

SUBJECT	DESCRIPTION	PRESENTER
RS 29523	Peer Support Specialists	Rep. Syme
H 517	Dept. of Correction - Dentists	Jeremy Chou, Centurion Health
H 561	Emergency Services Fund III	Michael McGrane, EMS Providers

For bills: the Health & Welfare Committee is taking remote public testimony as well as in-person public testimony.

There will be no sign-up sheets in the committee room. Everyone must sign up remotely no later than the meeting start time. Anyone not signed up remotely by the start of the committee meeting will not be called on to testify.

Again, please be respectful and patient as we bring this new system online.

Public Testimony Will Be Taken by Registering Through the Following Link:
[Register to Testify](#)

If you have written testimony, please provide a copy to the committee secretary.

COMMITTEE MEMBERS

Chairman Wood (Critchfield)	Rep Erickson
Vice Chairman Vander Woude	Rep Ferch
Rep Gibbs	Rep Mitchell
Rep Blanksma	Rep Chew
Rep Kingsley	Rep Rubel
Rep Christensen	Rep Burns
Rep Lickley	

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
Email: hhel@house.idaho.gov

MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Tuesday, February 15, 2022

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood (Critchfield), Vice Chairman Vander Woude, Representatives Gibbs, Blanksma, Kingsley, Christensen, Lickley, Erickson, Ferch, Mitchell, Chew, Rubel, Burns

**ABSENT/
EXCUSED:** None

GUESTS: The sign-in sheet will be retained in the secretary's office; following the end of the session the sign-in sheet will be filed with the minutes in the Legislative Library.

Chairman Vander Woude called the meeting to order at 9:00 a.m.

MOTION: **Rep. Ferch** made a motion to approve the minutes of the February 8 and 10, 2022, meetings. **Motion carried by voice vote.**

RS 29523: **Rep. Scott Syme**, District 11, presented **RS 29523**. This proposed legislation stipulates a peer support person designated for first responders can't be compelled to discuss anything said to them confidentially.

MOTION: **Rep. Lickley** made a motion to introduce **RS 29523**. **Motion carried by voice vote.**

H 517: **Jeremy Chou**, representing Centurion Health, Attorney Givens Pursley, presented **H 517**. When Centurion Health took over the contract for the Idaho Department of Correction (IDOC), four existing dentists working at the facility wanted to remain in their positions. Research discovered the dentists could practice within limitations but not as employees of an IDOC healthcare vendor. This legislation allows the IDOC dentists to be employees of the state, a contractor with the state, or a subcontractor for the contractor. It ensures the Board of Dentistry (BOD) has oversight and access to documents. Answering a question, Mr. Chou said there was no opposition from the BOD and all records are kept at IDOC.

Rep. Ferch declared Rule 80.

MOTION: **Rep. Gibbs** made a motion to send **H 517** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Hartgen** will sponsor the bill on the floor.

H 561: **Michael McGrane**, on behalf of himself and other Idaho Emergency Medical Service (EMS) providers, presented **H 561** to expand the EMSIII Fund allowable use for grants to local EMS agencies to include training. This will help the rural EMS agencies.

As an example, the grant funds cover 60% of the typical \$240k cost for an ambulance, leaving a sizeable amount for the agencies to fund through various means. Finding additional funds is a struggle for the 65% of Idaho's EMS agencies who are supported by volunteers. The use of training will improve recruiting and keeping volunteers in their communities. The bureau will still approve the grants through applications.

Donna Bennett, Grandview Ambulance, testified **in support** of **H 561**. Volunteer rural ambulances face additional issues with distance response challenges and time off from full-time jobs. Being able to use such funds for training would open up opportunities for continuing education units, sending volunteers to training centers, and paying instructors to come to their area.

Debbie Carscallen, EMS Division Chief, Moscow Volunteer Fire Department, Paramedic, testified **in support** of **H 561**. The Moscow Fire Department has two paid paramedics who are also administrators and training officers. The rest of the crew are volunteers. Although alive, volunteerism is struggling due to the financial needs of the volunteers. Use of the EMSIII grant funds for educating community members will allow them to volunteer and increase the current limited number of instructors. With other operating difficulties the agencies face, any funding help is appreciated.

MOTION: **Rep. Rubel** made a motion to send **H 561** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Christensen** requested to be recorded as voting **NAY**. **Rep. Rubel** will sponsor the bill on the floor.

ADJOURN: There being no further business to come before the committee, the meeting adjourned at 9:57 a.m.

Representative Vander Woude
Chair

Irene Moore
Secretary

AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Wednesday, February 16, 2022

For members of the public to observe the meeting, please click on the following link:
<https://www.idahoptv.org/shows/idahoinsession/ew20/>

SUBJECT	DESCRIPTION	PRESENTER
H 601	Residential Care and Assisted Living Visitation	Rep. Young

For bills the Health & Welfare Committee is taking remote public testimony as well as in-person public testimony.

There will be no sign-up sheets in the committee room. Everyone must sign up remotely no later than the meeting start time. Anyone not signed up remotely by the start of the committee meeting will not be called on to testify.

Again, please be respectful and patient as we bring this new system online.

Public Testimony Will Be Taken by Registering Through the Following Link:
[Register to Testify](#)

If you have written testimony, please provide a copy to the committee secretary.

COMMITTEE MEMBERS

Chairman Wood (Critchfield)	Rep Erickson
Vice Chairman Vander Woude	Rep Ferch
Rep Gibbs	Rep Mitchell
Rep Blanksma	Rep Chew
Rep Kingsley	Rep Rubel
Rep Christensen	Rep Burns
Rep Lickley	

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
Email: hhel@house.idaho.gov

MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Wednesday, February 16, 2022

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood (Critchfield), Vice Chairman Vander Woude, Representatives Gibbs, Blanksma, Kingsley, Christensen, Lickley, Erickson, Ferch, Mitchell, Chew, Rubel, Burns

**ABSENT/
EXCUSED:** Chairman Wood (Critchfield), Christensen

GUESTS: The sign-in sheet will be retained in the committee secretary's office; following the end of the session the sign-in sheet will be filed with the minutes in the Legislative Library.

Chairman Vander Woude called the meeting to order at 9:00 a.m.

H 601: **Rep. Julianne Young**, District 31, presented **H 601**. Discussions and studies surrounding restriction of in-person visitations have highlighted the consequential harm of the pandemic and the need to protect patient rights. This legislation addresses and assures families have in-person contact with their loved ones in residential care or assisted living facilities. It provides an option for the facilities through the use of the word "may." It also stipulates and lists the possible requirement of the same precautions taken with staff and other facility personnel. Note is also made regarding any preclusion based on a visitor's vaccination status.

Answering questions **Rep. Young** said assisted living facilities are state, not federally, regulated. Legislative Services Office made editorial grammatical changes. Giving the facilities these options are in response to additional pressures faced by their owners during the pandemic. This legislation would prevent a facility from cutting off visitation unless they also remove staff access. Vaccinations could not be required, even if it is required of their staff.

MOTION: **Rep. Blanksma** made a motion to send **H 601** to the floor with a **DO PASS** recommendation.

Rep. Young responding to a question, said this legislation is designed as a light, flexible touch to a need arising from the pandemic. She has been in communication with Idaho Health Care Association members and many saw the need for the legislation.

SUBSTITUTE MOTION: **Rep. Lickley** made a substitute motion to **HOLD H 601** in committee.

David Ripley, Executive Director, Idaho Chooses Life, testified **in support of H 601**. This legislation helps mitigate some of the Crisis Standards of Care issues. It allows family members to meet some of the resident's needs within the facility, relieving the nursing staff. Family members making care decisions have to be present to offer input during critical times.

Rep. Ferch, in opposition to the substitute motion, commented on the inappropriateness of family member isolation. This legislation provides a protection which may prove to be unnecessary in the future.

Rep. Lickley, speaking **in support** of the substitute motion, expressed her understanding of the intent of the legislation and concern regarding the additional regulatory burden it poses.

Rep. Burns, commented **in support** of the substitute motion. Residential care facilities have an obligation to keep residents alive, happy and healthy. The pandemic was originally racing through an elderly population. Hindsight legislating is not the best way.

Rep. Rubel, **in support** of the substitute motion, shared how compassionate the staff were trying to accommodate her family while maintaining the health of the rest of the patients. With an unknown future, it's not prudent to legally tie the hands of very compassionate professional health care providers.

Rep. Blanksma, speaking **in opposition** to the substitute motion, shared her experience with this issue. The in-person visit becomes very important when the immediate access has been interpreted to be a phone or zoom call. This legislation assures in-person access without holding loved ones to a higher standard than those working in the facility.

Rep. Mitchell, **in opposition** to the substitute motion, said this also protects the resident's religious rights.

**VOTE ON
SUBSTITUTE
MOTION:**

Chairman Vander Woude called for a vote on the substitute motion to **HOLD H 601** in committee. **Chairman Vander Woude** stated he was in doubt regarding the voice vote.

**ROLL CALL
VOTE:**

Rep. Gibbs requested a roll call vote. **Motion failed by a vote of 5 AYE, 6 NAY and 2 Absent/Excused.** **Voting in favor** of the motion: **Reps. Gibbs, Lickley, Chew, Rubel, Burns.** **Voting in opposition** to the motion: **Reps. Vander Woude, Blanksma, Kingsley, Erickson, Ferch, Mitchell.** **Reps. Christensen and Critchfield** were absent/excused.

**VOTE ON
ORIGINAL
MOTION:**

Chairman Vander Woude called for a vote on the original motion to send **H 601** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Reps. Gibbs, Lickley, Burns, Chew,** and **Rubel** requested to be recorded as voting **NAY.** **Rep. Lickley** reserved the option to change her vote on the floor. **Rep. Young** will sponsor the bill on the floor.

ADJOURN:

There being no further business to come before the committee, the meeting adjourned at 9:44 a.m.

Representative Vander Woude
Chair

Irene Moore
Secretary

AMENDED AGENDA #1
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Thursday, February 17, 2022

For members of the public to observe the meeting, please click on the following link:
<https://www.idahoptv.org/shows/idahoinsession/ew20/>

SUBJECT	DESCRIPTION	PRESENTER
RS 29510	Speech and Hearing Services	Rep. Bundy
RS 29215	Patient Visitation Rights	Rep. Young
H 603	Hospital Districts - Property	Rep. Furniss
H 562	Pharmacists - Drug Outlets	Rep. Erickson

For bills, the Health & Welfare Committee is taking remote public testimony as well as in-person public testimony.

There will be no sign-up sheets in the committee room. Everyone must sign up remotely no later than the meeting start time. Anyone not signed up remotely by the start of the committee meeting will not be called on to testify.

Public Testimony Will Be Taken by Registering Through the Following Link:
[Register to Testify](#)

If you have written testimony, please provide a copy to the committee secretary.

COMMITTEE MEMBERS

Chairman Wood (Critchfield)	Rep Erickson
Vice Chairman Vander Woude	Rep Ferch
Rep Gibbs	Rep Mitchell
Rep Blanksma	Rep Chew
Rep Kingsley	Rep Rubel
Rep Christensen	Rep Burns
Rep Lickley	

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
Email: hhel@house.idaho.gov

MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Thursday, February 17, 2022

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood (Critchfield), Vice Chairman Vander Woude, Representatives Gibbs, Blanksma, Kingsley, Christensen, Lickley, Erickson, Ferch, Mitchell, Chew, Rubel, Burns

**ABSENT/
EXCUSED:** Representative(s) Kingsley

GUESTS: The sign-in sheet will be retained in the committee secretary's office; following the end of the session the sign-in sheet will be filed with the minutes in the Legislative Library.

Chairman Vander Woude called the meeting to order at 9:00 a.m.

RS 29510: **Rep. Matthew Bundy**, District 23, presented **RS 29510** to implement the Audiology and Speech-language Pathology Interstate Compact (ASLPCompact). The compact allows licensed audiologists and speech-language pathologists who are licensed in any compact state to provide services in each member state under a privilege to practice. The conditions for acquiring a privilege to practice are stipulated.

MOTION: **Rep. Lickley** made a motion to introduce **RS 29510**. **Motion carried by voice vote.**

RS 29215: **Rep. Julianne Young**, District 31, presented **RS 29215**, adding a new chapter for the Patient Visitations Rights Act. Definitions have been added and stipulation is made to what care facilities can require. There is a limitation regarding imposing any vaccination requirement. An emergency clause is also added. Rep. Young requested page 2, line 6, "A care facility may:" be changed to read "A care facility may, consistent with the precautions required to be taken by staff and other personnel:" She also requested a change on page 2, subsection b, lines 9 and 10, to end the sentence at "requirement" and strike the rest of the sentence.

MOTION: **Rep. Blanksma** made a motion to introduce **RS 29215** with the requested changes. **Motion carried by voice vote.** **Reps. Lickley and Chew** requested to be recorded as voting **NAY**.

H 603: **Rep. Rod Furniss**, District 35, presented **H 603**. This legislation updates statute to allow district hospitals the same lease or sale options as county hospitals. This adds consistency to county and district hospitals.

MOTION: **Rep. Lickley** made a motion to send **H 603** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Furniss** will sponsor the bill on the floor.

H 562: **Rep. Marco Erickson**, District 33, presented **H 562**, to consolidate and simplify the pharmacist drug outlet registration process by reducing the type of outlet to resident or non-resident. The regulatory boards will not be impacted.

MOTION: **Rep. Blanksma** made a motion to send **H 562** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Erickson** will sponsor the bill on the floor.

Chairman Vander Woude thanked **Vance Lind** for his assistance as the committee page during the first half of this session.

ADJOURN: There being no further business to come before the committee, the meeting adjourned at 9:25 a.m.

Representative Vander Woude
Chair

Irene Moore
Secretary

AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Wednesday, February 23, 2022

For members of the public to observe the meeting, please click on the following link:
<https://www.idahoptv.org/shows/idahoinsession/ew20/>

SUBJECT	DESCRIPTION	PRESENTER
H 664	Speech & Hearing Interstate Compact	Rep. Bundy
HCR 30	PANDAS/PANS Awareness Day	Rep. Mathias

For bills: The Health & Welfare Committee is taking remote public testimony as well as in-person public testimony,

There will be no sign-up sheets in the committee room. Everyone must sign up remotely no later than the meeting start time. Anyone not signed up remotely by the start of the committee meeting will not be called on to testify.

Again, please be respectful and patient as we bring this new system online.

***Public Testimony Will Be Taken by Registering Through the Following Link:
[Register to Testify](#)***

If you have written testimony, please provide a copy to the committee secretary.

COMMITTEE MEMBERS

Chairman Wood	Rep Erickson
Vice Chairman Vander Woude	Rep Ferch
Rep Gibbs	Rep Mitchell
Rep Blanksma	Rep Chew
Rep Kingsley	Rep Rubel
Rep Christensen	Rep Burns
Rep Lickley	

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
Email: hhel@house.idaho.gov

MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

- DATE:** Wednesday, February 23, 2022
- TIME:** 9:00 A.M.
- PLACE:** Room EW20
- MEMBERS:** Chairman Wood, Vice Chairman Vander Woude, Representatives Gibbs, Blanksma, Kingsley, Christensen, Lickley, Erickson, Ferch, Mitchell, Chew, Rubel, Burns
- ABSENT/
EXCUSED:** None
- GUESTS:** The sign-in sheet will be retained in the committee secretary's office; following the end of the session the sign-in sheet will be filed with the minutes in the Legislative Library.
- Chairman Wood** called the meeting to order at 9:00 a.m.
- MOTION:** **Rep. Erickson** made a motion to approve the minutes of the February 9, 15, 16, and 17, 2022, meetings. **Motion carried by voice vote.**
- Chairman Wood** introduced and welcomed **Holly Mebane**, the committee's page for the second half of the session.
- H 664:** **Rep. Matthew Bundy**, District 23, presented **H 664** to implement the Audiology and Speech-language Interstate Compact (ASLPCompact) to allow services in each member state under a privilege to practice. It includes telehealth practices. This will save licensing time and fees in each member state.
- Rachelle Ruffing**, Speech-language Pathologist, on behalf of the Idaho Speech-language and Hearing Association, President Elect, further presented **H 664**. This legislation particularly helps military families who move from base to base by allowing continuation of therapy across state lines. It will also increase the availability of speech-language pathologists who may be spouses of service persons by recognizing their license in another member state.
- MOTION:** **Rep. Blanksma** made a motion to send **H 664** to the floor with a **DO PASS** recommendation.
- Tammie Perreault**, on behalf of the Department of Defense, testified **in support** of **H 664**. This legislation addresses licensing issues impacting service member families. By removing barriers for placement opportunities, spouses will be able to practice across state lines, relieving a burden often faced by persons who must move to different bases in order to continue to serve.
- VOTE ON
MOTION:** **Chairman Wood** called for a vote on the motion to send **H 664** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Bundy** will sponsor the bill on the floor.
- HCR 30:** **Rep. Chris Mathias**, District 19, presented **HCR 30**. Previously the Governor has issued proclamations for October 9th to be Pediatric Autoimmune Neuropsychiatric Disorders Association with Streptococcal Infections and Pediatric Acute-onset Neuropsychiatric Syndrome (PANDA/PANS) Awareness Day. This legislation continues the October 9th awareness date each year and encourages key stakeholders to provide reliable information about PANDA/PANS to the public.
- MOTION:** **Rep. Rubel** made a motion to send **HCR 30** to the floor with a **DO PASS** recommendation.

Shannon Leigh, Sue Gray, Gina Nilsson, and Charity Edwardson (as read by **Sara Lemley**) testified in support of **HCR 30**. They shared the sudden onset of their children's dramatic and varied symptoms, the inability to find a diagnosis or treatment in Idaho, the burden of treatment costs associated with going to other states, and the ongoing impact of the disorder on all family members. There is a need for medical staff awareness and education. Their appreciation was expressed for this legislation and the Governor's previous proclamations to raise awareness to help with healing and recovery.

Answering a question, **Sara Lemley** stated many children require Intravenous Immunoglobulin (IVIG) treatment, which costs between \$18k to \$20k and is not covered by insurance.

MOTION: Due to the absence of the maker, the previous motion is void. **Rep. Lickley** made a motion to send **HCR 30** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Mathias** will sponsor the bill on the floor.

ADJOURN: There being no further business to come before the committee, the meeting adjourned at 9:32 a.m.

Representative Wood
Chair

Irene Moore
Secretary

AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Thursday, February 24, 2022

For members of the public to observe the meeting, please click on the following link:
<https://www.idahoptv.org/shows/idahoinsession/ew20/>

SUBJECT	DESCRIPTION	PRESENTER
RS 29641	Biological Products	Rep. Blanksma

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Vander Woude
Rep Gibbs
Rep Blanksma
Rep Kingsley
Rep Christensen
Rep Lickley

Rep Erickson
Rep Ferch
Rep Mitchell
Rep Chew
Rep Rubel
Rep Burns

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
Email: hhel@house.idaho.gov

MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Thursday, February 24, 2022
TIME: 9:00 A.M.
PLACE: Room EW20
MEMBERS: Chairman Wood, Vice Chairman Vander Woude, Representatives Gibbs, Blanksma, Kingsley(Baldwin), Christensen (Hubbard), Lickley, Erickson, Ferch (Gempler), Mitchell, Chew, Rubel, Burns
**ABSENT/
EXCUSED:** Representative(s) Gibbs
GUESTS: The sign-in sheet will be retained in the secretary's office; following the end of the session the sign-in sheet will be filed with the minutes in the Legislative Library.
Chairman Wood called the meeting to order at 9:00 a.m.
RS 29641: **Rep. Megan Blanksma**, District 23, presented **RS 29641** which addresses language that will be obsolete on July 1, 2022, as a result of the Governor signing **H 445**.
MOTION: **Rep. Lickley** made a motion to introduce **29641**. **Motion carried by voice vote.**
ADJOURN: There being no further business to come before the committee, the meeting adjourned at 9:05 a.m.

Representative Wood
Chair

Irene Moore
Secretary

AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
8:45 A.M.
Room EW20
Friday, February 25, 2022

For members of the public to observe the meeting, please click on the following link:
<https://www.idahoptv.org/shows/idahoinsession/ew20/>

SUBJECT	DESCRIPTION	PRESENTER
RS 29655	Opioid Settlement Funds	Rep. Troy

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Vander Woude
Rep Gibbs
Rep Blanksma
Rep Kingsley
Rep Christensen (Hubbard)
Rep Lickley

Rep Erickson
Rep Ferch (Gempler)
Rep Mitchell
Rep Chew
Rep Rubel
Rep Burns

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
Email: hhel@house.idaho.gov

MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Friday, February 25, 2022

TIME: 8:45 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood, Vice Chairman Vander Woude, Representatives Gibbs, Blanksma (Blanksma), Kingsley (Baldwin), Christensen (Hubbard), Lickley, Erickson, Ferch (Gempler), Mitchell, Chew, Rubel, Burns

**ABSENT/
EXCUSED:** Representative(s) Erickson, Chew

GUESTS: The sign-in sheet will be retained in the committee secretary's office; following the end of the session the sign-in sheet will be filed with the minutes in the Legislative Library.

Chairman Wood called the meeting to order at 8:45 a.m.

RS 29655: **Rep. Caroline Nilsson-Troy**, District 5, presented **RS 29655**. The opioid settlement legislation from 2021 included a sunset clause and did not state who would administer the funds. This proposed legislation clarifies how expenditure of the funds shall be recommended to the Governor and the Joint Finance and Appropriations Committee. It also removes the sunset clause.

MOTION: **Rep. Lickley** made a motion to introduce **RS 29655**. **Motion carried by voice vote.**

ADJOURN: There being no further business to come before the committee, the meeting adjourned at 8:49 a.m.

Representative Wood
Chair

Irene Moore
Secretary

AMENDED AGENDA #1
HOUSE HEALTH & WELFARE COMMITTEE
8:00 A.M.
Room EW20
Wednesday, March 02, 2022

NOTE: Earlier Time

For members of the public to observe the meeting, please click on the following link:
<https://www.idahoptv.org/shows/idahoinsession/ew20/>

SUBJECT	DESCRIPTION	PRESENTER
RS 29729	Crisis Standards of Care Act	Rep. Blanksma
H 681	Biological Products	Rep. Blanksma
H 688	Opioid Settlement Fund	Rep. Troy
S 1234	Dental Hygienists	Tim Frost, Division of Occupational & Professional Licenses
S 1244	DOPL Advisory Committees	Tim Frost
S 1245	Pharmacists - Definitions	Tim Frost
S 1246	Controlled Substances Update	Tim Frost

For Bills: The Health & Welfare Committee is taking remote public testimony as well as in-person public testimony.

There will be no sign-up sheets in the committee room. Everyone must sign up remotely no later than the meeting start time. Anyone not signed up remotely by the start of the committee meeting will not be called on to testify.

Again, please be respectful and patient as we bring this new system online.

Public Testimony Will Be Taken by Registering Through the Following Link:
[Register to Testify](#)

If you have written testimony, please provide a copy to the committee secretary.

COMMITTEE MEMBERS

Chairman Wood	Rep Erickson
Vice Chairman Vander Woude	Rep Ferch
Rep Gibbs	Rep Mitchell
Rep Blanksma	Rep Chew
Rep Kingsley	Rep Rubel
Rep Christensen	Rep Burns
Rep Lickley	

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
Email: hhel@house.idaho.gov

MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Wednesday, March 02, 2022

TIME: 8:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood, Vice Chairman Vander Woude, Representatives Gibbs, Blanksma, Kingsley, Christensen, Lickley, Erickson, Ferch, Mitchell, Chew, Rubel, Burns

**ABSENT/
EXCUSED:** Representative(s) Ferch

GUESTS: The sign-in sheet will be retained in the secretary's office; following the end of the session the sign-in sheet will be filed with the minutes in the Legislative Library.
Chairman Wood called the meeting to order at 8:00 a.m.

MOTION: **Rep. Erickson** made a motion to approve the minutes of the February 23 and 24, 2022, meetings. **Motion carried by voice vote.**

MOTION: **Rep. Burns** made a motion to approve the minutes of the February 25, 2022, meeting. **Motion carried by voice vote.**

**UNANIMOUS
CONSENT
REQUEST:** **Chairman Wood** made a unanimous consent request to remove **RS 29729** from the agenda. There being no objection, the request was granted.

H 681: **Rep. Megan Blanksma**, District 23, presented **H 681**, a clean-up trailer piece of legislation for **H 445**, which has been signed into law.

MOTION: **Rep. Lickley** made a motion to send **H 681** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Blanksma** will sponsor the bill on the floor.

H 688: **Rep. Caroline Nilsson-Troy**, District 5, presented **H 688**. This is a simple bill to insert language in alignment with the Opioid Settlement and judgement. It also removes the sunset clause, which was put in place when the Idaho Behavioral Health Council (IBHC) was newly formed.

MOTION: **Rep. Blanksma** made a motion to send **H 688** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Troy** will sponsor the bill on the floor.

S 1234: **Tim Frost**, Deputy Administrator, Division of Occupational and Professional Licenses (DOPL), on behalf of the Board of Dentistry, presented **S 1234** to remove outdated second licensure requirements for dental hygienists in extended access settings. There is no change to their scope of practice.

MOTION: **Rep. Blanksma** made a motion to send **S 1234** to the floor with a **DO PASS** recommendation.
Michael McGrane, Idaho Dental Hygienists Association, testified **in support** of **S 1234**. He stated this change is one piece of the goal to broaden hygienists' access beyond the dental office.
Chairman Wood informed the committee the Idaho Dental Association is **in support** of **S 1234**.

**VOTE ON
MOTION:** **Chairman Wood** called for a vote on the motion to send **S 1234** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Lickley** will sponsor the bill on the floor.

S 1244: **Tim Frost**, Deputy Administrator, DOPL, on behalf of the Board of Nursing, presented **S 1244**. This legislation updates the advisory committees by repealing the Advanced Practice Nurses Advisory Committee, which has completed its work. It then allows the establishing of committees as they are needed and includes sunsets, in alignment with established legislative procedures.

MOTION: **Rep. Erickson** made a motion to send **S 1244** to the floor with a **DO PASS** recommendation.

Michael McGrane, representing the Idaho Nurses Association and Nurse Leaders of Idaho, testified **in support** of **S 1244**. This change is needed because the advanced nurses are represented on the Board of Nursing.

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to send **S 1244** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Lickley** will sponsor the bill on the floor.

S 1245: **Tim Frost**, Deputy Administrator, DOPL, on behalf of the Board of Pharmacy (BOP), presented **S 1245**, which removes BOP definition discrepancies between statute and administrative rules. It also consolidates all current statute definitions into one definitions section. Clarification is made to include drug outlets as an option for mutual recognition agreements between Idaho and other party states.

MOTION: **Rep. Erickson** made a motion to send **S 1245** to the floor with a **DO PASS** recommendation.

Rob Geddes, Director, Pharmacy Regulatory and Legislative Affairs, Albertsons Companies, testified **in support** of **S 1245**. He said Idaho is an example to other states on how to move the concept of mutual recognition for pharmacies forward to apply services across state lines.

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to send **S 1245** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Erickson** will sponsor the bill on the floor

S 1246: **Tim Frost**, Deputy Administrator, DOPL, on behalf of the BOP, presented **S 1246**. This is an annual piece of legislation with changes to mirror the federal Drug Enforcement Administration (DEA) controlled substance 2022 decisions. It places 22 synthetic opioids into Schedule I, an opiate into Schedule II, six different substances into Schedule IV, and an anticonvulsant substance into Schedule V.

MOTION: **Rep. Blanksma** made a motion to send **S 1246** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Chew** will sponsor the bill on the floor.

ADJOURN: There being no further business to come before the committee, the meeting adjourned at 8:21 a.m.

Representative Wood
Chair

Irene Moore
Secretary

AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
8:30 A.M.
Room EW20
Thursday, March 03, 2022

Note Earlier Time

For members of the public to observe the meeting, please click on the following link:
<https://www.idahoptv.org/shows/idahoinsession/ew20/>

SUBJECT	DESCRIPTION	PRESENTER
S 1256	Background Check - Application Notarization	Fernando Castro, DHW
S 1258	Authority - State Hospitals and Treatment Facilities.	Ross Edmunds, DHW
S 1257	Southwest Idaho Treatment Center	Cameron Gilliland, DHW

For Bills: The Health & Welfare Committee is taking remote public testimony as well as in-person public testimony.

There will be no sign-up sheets in the committee room. Everyone must sign up remotely no later than the meeting start time. Anyone not signed up remotely by the start of the committee meeting will not be called on to testify.

Again, please be respectful and patient as we bring this new system online.

Public Testimony Will Be Taken by Registering Through the Following Link:
[**Register to Testify**](#)

If you have written testimony, please provide a copy to the committee secretary.

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Vander Woude
Rep Gibbs
Rep Blanksma (Blanksma)
Rep Kingsley (Baldwin)
Rep Christensen (Hubbard)
Rep Lickley

Rep Erickson
Rep Ferch (Gempler)
Rep Mitchell
Rep Chew
Rep Rubel
Rep Burns

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
Email: hhel@house.idaho.gov

MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

- DATE:** Thursday, March 03, 2022
- TIME:** 8:30 A.M.
- PLACE:** Room EW20
- MEMBERS:** Chairman Wood, Vice Chairman Vander Woude, Representatives Gibbs, Blanksma, Kingsley, Christensen, Lickley, Erickson, Ferch, Mitchell, Chew, Rubel, Burns
- ABSENT/
EXCUSED:** Representative(s) Blanksma
- GUESTS:** The sign-in sheet will be retained in the committee secretary's office; following the end of the session the sign-in sheet will be filed with the minutes in the Legislative Library.
- Chairman Wood** called the meeting to order at 8:30 a.m.
- MOTION:** **Rep. Erickson** made a motion to approve the minutes of the March 2, 2022, meeting. **Motion carried by voice vote.**
- S 1256:** **Fernando Castro**, Supervisor, Department of Health and Welfare (DHW) Criminal History Unit, presented **S 1256**. This statute change removes text requiring an applicant to have their background check application notarized and allows an electronic signature. This eliminates regulatory burdens on the applicants and their employers, as well as out-of-pocket background check costs for the applicant's notary services. This will improve the application adjudication process. Other minor grammatical and punctuation changes do not affect the statutory intent of the law.
- MOTION:** **Rep. Burns** made a motion to send **S 1256** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Lickley** will sponsor the bill on the floor.
- S 1258:** **Ross Edmunds**, Administrator, DHW Division of Behavioral Health, presented **S 1258**. This legislation includes State Hospital West (SHW) under hospitals referenced in Title 36 to clarify fishing license access. It also aligns the operation and management responsibility of the state hospitals under the DHW authority. It eliminates out-of-date descriptions as State Charitable Institutions and the Board of Health and Welfare's operational role. It ensures the student loan payment program is available to SHW physicians, psychologists, and clinical specialists in line with State Hospitals North and South.
- MOTION:** **Rep. Gibbs** made a motion to send **S 1258** to the floor with a **DO PASS** recommendation.
- Answering a question regarding the use of "health and welfare," "department of public health," and "board of health," **Mr. Edmunds** agreed there appears to be a terminology oversight which needs to be corrected. He also clarified there are four care institutions, three of which are psychiatric hospitals. SHW, although on the SWITC campus, is a separate hospital. SHW is serving between eight and fourteen kids at any time, has no wait list, and is expecting accreditation.
- VOTE ON
MOTION:** **Chairman Wood** called for a vote on the motion to send **S 1258** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Erickson** will sponsor the bill on the floor.

S 1257: **Cameron Gilliland**, Administrator, DHW Division of Family and Community Services, presented **S 1257** to eliminate the description of the Southwest Idaho Treatment Center (SWITC) as a licensed Intermediate Care Facility (ICF) for persons with Intellectual Disabilities. The ICF designation is a poor fit for many of the current SWITC clients because it was not designed to serve individuals with significant behaviors and mental illness. The current statute prevents implementation of a new, non-ICF, model of care which has been developed and will be implemented.

Responding to committee questions, **Mr. Gilliland** said the facility is licensed for 18 clients and currently has 12 clients. These individuals have mental and behavioral health issues which cannot be served anywhere else. Without this safety net, these individuals would have to go to other places outside of Idaho. Individuals who can be safely helped in their community are directed elsewhere.

There are 115 staff who serve the 12 to 18 clients. This staff number includes clinicians, a dietitian, administration, and maintenance. Staff has been reduced and direct contact is limited due to the behaviors and issues presented by the clients.

Children, twelve years of age or older, who have no other place to go, are admitted occasionally. They are not mixed with adults and special effort is taken to move them out as quickly as possible.

Richelle Tierney, Idaho Council on Developmental Disabilities (DD), testified **in support** of **S 1257**. The DHW strategic plan to address areas of improvement includes the Council's areas of concerns. Removing the ICF description is an important step to transition to a short-term stabilization and treatment center for individuals with intellectual and DD who are in crisis. Individuals also need a responsive community based service system. The Council is ready to work with the DHW to address additional needs.

MOTION: **Rep. Lickley** made a motion to send **S 1257** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Reps. Burns, Kingsley, Ferch,** and **Christensen** requested to be recorded as voting **NAY.** **Rep. Erickson** will sponsor the bill on the floor.

ADJOURN: There being no further business to come before the committee, the meeting adjourned at 9:18 a.m.

Representative Wood
Chair

Irene Moore
Secretary

AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
8:30 a.m. - Note Earlier Time
Room EW20
Tuesday, March 08, 2022

For members of the public to observe the meeting, please click on the following link:
<https://www.idahoptv.org/shows/idahoinsession/ew20/>

SUBJECT	DESCRIPTION	PRESENTER
S 1270	Down Syndrome Diagnosis Information Act	Rep. Weber
S 1266	Deceased Persons	Kelli Brassfield, Idaho Association of Counties
RS 29778	Rules - Concurrent Resolution	Rep. Wood
S 1283	Medicaid - Ground Emergency Medical Transportatio	Rep. Vander Woude

For Bills: The Health & Welfare Committee is taking remote public testimony as well as in-person public testimony.

There will be no sign-up sheets in the committee room. Everyone must sign up remotely no later than the meeting start time. Anyone not signed up remotely by the start of the committee meeting will not be called on to testify.

Again, please be respectful and patient as we bring this new system online.

***Public Testimony Will Be Taken by Registering Through the Following Link:
[Register to Testify](#)***

If you have written testimony, please provide a copy to the committee secretary.

COMMITTEE MEMBERS

Chairman Wood	Rep Erickson
Vice Chairman Vander Woude	Rep Ferch
Rep Gibbs	Rep Mitchell
Rep Blanksma	Rep Chew
Rep Kingsley	Rep Rubel
Rep Christensen	Rep Burns
Rep Lickley	

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
Email: hhel@house.idaho.gov

MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Tuesday, March 08, 2022
TIME: 8:30 am - Note Earlier Time
PLACE: Room EW20
MEMBERS: Chairman Wood, Vice Chairman Vander Woude, Representatives Gibbs, Blanksma, Kingsley, Christensen, Lickley, Erickson, Ferch, Mitchell, Chew, Rubel, Burns
**ABSENT/
EXCUSED:** Representative Kingsley
GUESTS: The sign-in sheet will be retained in the committee secretary's office; following the end of the session the sign-in sheet will be filed with the minutes in the Legislative Library.

Chairman Wood called the meeting to order at 8:31 a.m.

S 1270: **Rep. John Weber**, District 34, presented **S 1270**, the Down Syndrome Diagnosis Information Act. The goal of this legislation is to provide timely, accurate and complete information to parents receiving a Down syndrome diagnosis. The Department of Health and Welfare (DHW) will prepare an informative report sheet to be provided to parents when a diagnosis or likelihood is determined.

MOTION: **Rep. Gibbs** made a motion to send **S 1270** to the floor with a **DO PASS** recommendation.

Robert Cochems, Idaho Down Syndrome Council, Treasure Valley Down Syndrome Association, testified **in support** of **S 1270**. He shared the diagnosis for his son, the lack of information they were provided, and the emotional result of having no help from medical staff or knowledge of any support groups.

Baylee Auger, Boise State Student, testified **in support** of **S 1270**. Health care professionals need to provide information to parents so people with Down syndrome are treated as valuable citizens. She shared her appreciation for the support she's been given by her parents and the Treasure Valley Down Syndrome Association.

Richelle Tierney, Idaho Council on Developmental Disabilities, testified **in support** of **S 1270**. Accurate information at the time of a diagnosis provides fact-based decisions assisted by a connection to services and supports. This creates a more positive image to help people with disabilities be recognized as valuable citizens.

Reps. Vander Woude and **Lickley** shared how their relatives with Down syndrome impact their families in loving and positive ways. They both agreed with the need for more information to help everyone understand how capable these individuals are and how they greatly improve our citizenry.

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to send **S 1270** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Weber** will sponsor the bill on the floor.

S 1266: **Kelli Brassfield**, Idaho Association of Counties, on behalf of 44 Idaho Coroners, presented **S 1266**. The changes in this legislation address the increase in case loads and difficulty with identifications. The county public administrator and county treasurer notifications required within 48 hours are increased to 72 hours. Because applications for indigent burial or cremation can take 35 to 45 days for processing, stipulation is made to allow cremation ten days following death.

- MOTION:** **Rep. Lickley** made a motion to send **S 1266** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Kingsley** will sponsor the bill on the floor.
- Chairman Wood** turned the gavel over to **Vice Chairman Vander Woude.**
- RS 29778:** **Rep. Fred Wood**, District 27, presented **RS 29778**, a Concurrent Resolution for fee rules reviewed by the House and Senate Health and Welfare Committees for the DHW and 24 of the 49 boards and commissions of the Division of Occupational and Professional Licenses (DOPL). The specific DOPL rules the committees reviewed are not stipulated because this year all of the DOPL rules were presented in one rules book and sent to the Business Committee. The Concurrent Resolution for the Business Committee will reflect all of the DOPL rules.
- MOTION:** **Rep. Blanksma** made a motion to introduce **RS 29778** and recommend it be sent directly to the Second Reading Calendar. **Motion carried by voice vote.** **Rep. Wood** will sponsor the bill on the floor,
- Vice Chairman Vander Woude** turned the gavel over to **Chairman Wood.**
- S 1283:** **Rep. John Vander Woude**, District 22, presented **S 1283**. Medicaid pays only 25% of the costs for ground Emergency Medical Transportation (EMT). This legislation stipulates who is eligible and the calculation for a supplemental Medicaid reimbursement.
- Travis Myklebust**, Fire Chief, Lewiston, Fire Chief Association, Volunteer EMT, testified **in support** of **S 1283**. Emergency Medical Services (EMS) are struggling and many are conducting fund raisers to run their operations. This funding can be used to address recruitment, retention, training new providers, and updating equipment. The costs of supplies and equipment have increased by 200% in the past two years. With agencies facing barriers to recoup their costs, this bill provides a needed financial mechanism. Answering a question, he said each agency would pay a small percentage of their collection to fund the full time employee.
- Rob Shoplock**, President, Professional Firefighters of Idaho, testified **in support** of **S 1283**. This legislation will provide a way to get better equipment for community services.
- MOTION:** **Rep. Blanksma** made a motion to send **S 1283** to the floor with a **DO PASS** recommendation.
- Garrett Abrahamson**, Prehospital Guidelines Consortium (PGC), testified **in support** of **S 1283**. The need for Idaho is great and similar programs are addressing this issue in other states.
- ROLL CALL VOTE:** Roll call vote was requested. **Motion carried by a vote of 12 AYE, 1 Absent/Excused.** **Voting in favor** of the motion: **Reps. Wood, Vander Woude, Gibbs, Blanksma, Christensen, Lickley, Erickson, Ferch, Mitchell, Chew, Rubel, Burns.** **Rep. Kingsley** was absent/excused. **Rep. Vander Woude** will sponsor the bill on the floor.
- ADJOURN:** There being no further business to come before the committee, the meeting adjourned at 9:09 a.m.

Representative Wood
Chair

Irene Moore
Secretary

AMENDED AGENDA #1
HOUSE HEALTH & WELFARE COMMITTEE
8:30 AM - Note Earlier Time
Room EW20
Wednesday, March 09, 2022

For members of the public to observe the meeting, please click on the following link:
<https://www.idahoptv.org/shows/idahoinsession/ew20/>

SUBJECT	DESCRIPTION	PRESENTER
<u>RS 29787</u>	Crisis Standards of Care	Rep. Blanksma
<u>S 1260</u>	Insurance - Contraception	Senator Wintrow
<u>S 1304</u>	Coroners - Disposition of Bodies	Rep. Gibbs
<u>S 1284</u>	Tobacco Products and Electronic Smoking Devices	Jason Kreizenbeck, Altria Client Services

For Bills: The Health & Welfare Committee is taking remote public testimony as well as in-person public testimony.

There will be no sign-up sheets in the committee room. Everyone must sign up remotely no later than the meeting start time. Anyone not signed up remotely by the start of the committee meeting will not be called on to testify.

Again, please be respectful and patient as we bring this new system online.

Public Testimony Will Be Taken by Registering Through the Following Link:
[Register to Testify](#)

If you have written testimony, please provide a copy to the committee secretary.

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Vander Woude
Rep Gibbs
Rep Blanksma
Rep Kingsley
Rep Christensen
Rep Lickley

Rep Erickson
Rep Ferch
Rep Mitchell
Rep Chew
Rep Rubel
Rep Burns

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
Email: hhel@house.idaho.gov

MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

- DATE:** Wednesday, March 09, 2022
- TIME:** 8:30 AM - Note Earlier Time
- PLACE:** Room EW20
- MEMBERS:** Chairman Wood, Vice Chairman Vander Woude, Representatives Gibbs, Blanksma, Kingsley, Christensen, Lickley, Erickson, Ferch, Mitchell, Chew, Rubel, Burns
- ABSENT/
EXCUSED:** None
- GUESTS:** The sign-in sheet will be retained in the committee secretary's office; following the end of the session the sign-in sheet will be filed with the minutes in the Legislative Library.
- Chairman Wood** called the meeting to order at 8:31 a.m.
- MOTION:** **Rep. Burns** made a motion to approve the minutes of the March 3 and 8, 2022, meetings. **Motion carried by voice vote.**
- RS 29787:** **Rep. Megan Blanksma**, District 23, presented **RS 29787**. This proposed legislation sets forward operational rules during a Crisis Standards of Care (CSOC) declaration. It addresses concerns raised during the pandemic and clarifies visitation for patients in hospitals. She asked for a change on page 2, line 33, to replace the word "honored" with "applied." This change is at the request of stakeholders.
- MOTION:** **Rep. Lickley** made a motion to introduce **RS 29787** with an amendment as follows: Replace on page 2, line 33, the word "honored" with the word "applied." **Motion carried by voice vote.**
- S 1260:** **Senator Melissa Wintrow**, District 19, presented **S 1260**. This legislation helps address work staff shortages by allowing a contraception prescription to be filled for up to a six-month supply. New prescribers will receive up to a three-month supply. Stipulation is made for the non-inclusion of drugs, devices, or products intended to induce abortion as defined in Idaho Code.
- Answering questions, **Sen. Wintrow** said extra supplies could be disposed of in prescription disposal drop boxes. The insurance plans include student health plans. This medication requires a specific use schedule and this legislation insures there is no supply interruption. The law currently only allows providers to prescribe up to three months of product.
- MOTION:** **Rep. Rubel** made a motion to send **S 1260** to the floor with a **DO PASS** recommendation.
- ROLL CALL
VOTE:** The voice vote was unclear. A roll call vote was requested. **Motion carried by a vote of 8 AYE, 5 NAY. Voting in favor of the motion: Reps. Wood, Vander Woude, Gibbs, Lickley, Erickson, Chew, Rubel, Burns. Voting in opposition to the motion: Reps. Blanksma, Kingsley, Christensen, Ferch, Mitchell. Rep. Green will sponsor the bill on the floor.**
- S 1304:** **Rep. Gibbs**, District 32, presented **S 1304**. Rural and small Idaho counties often have one funeral home. By statute a mortician wishing to be elected as the county coroner must be in a county with two or more funeral homes. This legislation adds an exemption for counties with a population of fewer than 20,000 residents.

MOTION: **Rep. Blanksma** made a motion to send **S 1304** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Gibbs** will sponsor the bill on the floor.

S 1284: **Jason Kreizenbeck**, on behalf of Altria and its affiliates, presented **S 1284** to raise the minimum age for purchase of tobacco products and electronic smoking devices from 18 to 21 years of age, consistent with federal law. It also makes it lawful for employees aged 19 to 21 to distribute these products within their scope of employment. The minimum age increase is the most effective way to address the underage trend for the use of tobacco and vaping products. The differences between federal and state requirements has led to confusion in retail operations. This legislation also aligns these products with other adult products.

Pam Eaton, President, CEO, Idaho Retailers Association, testified **in support of S 1284**. Retailers have been complying with federal law. The discrepancy between state and federal law can lead to confusion and confrontation within the stores. This helps provide uniformity.

MOTION: **Rep. Lickley** made a motion to send **S 1284** to the floor with a **DO PASS** recommendation.

Rep. Vander Woude declared rule 80 stating a possible conflict of interest.

Rep. Kingsley commented if 18 is the age to go into the army, then it should also be the age limit for this type of choice.

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to send **S 1284** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Reps. Christensen, Erickson, Mitchell,** and **Ferch** requested to be recorded as voting **NAY.** **Rep. Gibbs** will sponsor the bill on the floor.

ADJOURN: There being no further business to come before the committee, the meeting adjourned at 9:01 a.m.

Representative Wood
Chair

Irene Moore
Secretary

AMENDED AGENDA #1
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Thursday, March 10, 2022

For members of the public to observe the meeting, please click on the following link:
<https://www.idahoptv.org/shows/idahoinsession/ew20/>

SUBJECT	DESCRIPTION	PRESENTER
RS 29775C1	Behavioral Health	Rep. DeMordaunt Rep. Young
S 1286	Psychologists -Service Extenders.	Lance Giles, Idaho Psychological Association
S 1305	Psychology Interjurisdictional Compact	Lance Giles
S 1327	Civil Commitment Laws	Rep. Lickley

For Bills: The Health & Welfare Committee is taking remote public testimony as well as in-person public testimony.

There will be no sign-up sheets in the committee room. Everyone must sign up remotely no later than the meeting start time. Anyone not signed up remotely by the start of the committee meeting will not be called on to testify.

Again, please be respectful and patient as we bring this new system on line.

Public Testimony Will Be Taken by Registering Through the Following Link:
[Register to Testify](#)

If you have written testimony, please provide a copy to the committee secretary.

COMMITTEE MEMBERS

Chairman Wood	Rep Erickson
Vice Chairman Vander Woude	Rep Ferch
Rep Gibbs	Rep Mitchell
Rep Blanksma	Rep Chew
Rep Kingsley	Rep Rubel
Rep Christensen	Rep Burns
Rep Lickley	

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
Email: hhel@house.idaho.gov

MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Thursday, March 10, 2022

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood, Vice Chairman Vander Woude, Representatives Gibbs, Blanksma, Kingsley, Christensen, Lickley, Erickson, Ferch, Mitchell, Chew, Rubel, Burns

**ABSENT/
EXCUSED:** Representative(s) Rubel

GUESTS: The sign-in sheet will be retained in the committee secretary's office; following the end of the session the sign-in sheet will be filed with the minutes in the Legislative Library.

Chairman Wood called the meeting to order at 9:00 a.m.

RS 29775C1: **Rep. Gayann DeMordant**, District 14, presented **RS 29775C1**. The state of emergency has allowed mental and behavioral health care providers to provide telehealth across state lines. This proposed legislation continues that care beyond the state of emergency and adds a sunset date of July 1, 2025. In order to continue to provide care, applicants from other states must meet specified requirements. The disciplinary authority is maintained in Idaho. The issuance of a credential was an important negotiated request.

MOTION: **Rep. Blanksma** made a motion to introduce **RS 29775C1**.

Answering a question, **Rep. DeMordant** said Medicaid payments are relative to the patient's location.

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to introduce **RS 29775C1**. **Motion carried by voice vote.**

S 1286: **Lance Giles**, on behalf of the Idaho Psychological Association (IPA), presented **S 1286**. This legislation for psychological service extenders continues the nearly 30-year regulation process. Service extenders are often graduate students in training or individuals who have finished their doctorate degree and are completing their supervised clinical hours for licensure eligibility as a psychologist. They are an important aid for psychologists and allow more patients to receive treatment.

The Division of Occupational and Professional Licenses (DOPL) determined the statutory language used by the Board of Psychological Examiners for regulation of service extenders was insufficient. This legislation moves the Board's rule power into another section and adds a definition for service extenders.

Through this legislation, service extenders continue to receive insurance reimbursements. Without this legislation, Idaho would lose its ability to discipline individuals and make this information available to the public. This becomes important because some service extenders treat vulnerable patients in private office settings.

Mr. Giles, said, in response to a question, the insurance providers verify service extenders are certified and working under their listed licensed psychologist before reimbursing them.

MOTION: **Rep. Gibbs** made a motion to send **S 1286** to the floor with a **DO PASS** recommendation.

Dr. Steve Lawyer, Psychologist, Professor, Idaho State University (ISU). The only clinical psychology doctorate program in Idaho is at ISU. Testifying **in support of S 1286**, he explained the service extender designation is a critical piece to their training model and is fundamental to the provision of much needed mental health (MH) care for Idahoans. Without this mechanism, recruitment abilities and placing students in community sites will be diminished. The students' work extends MH services to many Idahoans who might not otherwise receive these services, given the shortage of licensed providers.

Answering a question, **Dr. Lawyer** explained the reference to a doctoral degree for supervising service extenders is a special designation for faculty working toward their licensure while providing clinical supervision to students.

Dr. Lynn McArthur, Psychologist, Behavioral Health (BH) Director, Health West, State Advocacy Coordinator, IPA, testified **in support of S 1286**. Service extenders often come from out of state and stay to work where they received their training hours. Without this legislation passing, Pocatello alone would lose over 20 MH providers. Nearby states who are not able to bill insurance for those provider services are using state funding methods.

Dr. Elizabeth List, Licensed Clinical Psychologist, Director, Clinical Psychology Program, Northwest Nazarene College, testified **in support of S 1286**. Without passage of this legislation their new training program will suffer because clinical practice is one of the cornerstones of doctoral quality education. Three years of supervised professional experience and one full year of internship are required to graduate. Without this capability the ability to secure supervisors and keep new psychologists in Idaho will become an issue.

Dr. Susan Martin, President, IPA, Licensed Psychologist, Program Director, Idaho Psychology Internship Consortium (ID-PIC), testified **in support of S 1286**. The existing service extender permit has insured financial support for psychology intern training. Three factors are strongly associated with a BH professional entering rural practice: a rural connection, having a positive rural setting undergraduate experience, and having targeted post graduate level rural training. This provides the opportunity for completion of psychology internships in rural Idaho, where they will likely continue to live and work.

Answering questions, **Dr. Martin** explained the service extenders submit to insurance companies under their supervising psychologist's license. Her site pays for the service extenders prior to their services being reimbursed by the insurance company.

VOTE ON MOTION:

Chairman Wood called for a vote on the motion to send **S 1286** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Ferch** requested to be recorded as voting **NAY.** **Rep. Erickson** will sponsor the bill on the floor.

S 1305:

Lance Giles, on behalf of the IPA, presented **S 1305**. This legislation is for Idaho's participation in the Psychology Interjurisdictional Compact (PSYPACT). Through PSYPACT psychologists can work across state lines while only being licensed in their home state. Participation is voluntary and all fees will be paid by the applicants. This is another way to meet the BH shortage. PSYPACT psychologists are thoroughly vetted for training and practice history. Qualifications are easily verified on the PSYPACT website. Among the benefits are rural access to psychological services, access to specialists outside of Idaho, and continuity of care for mobile patients, such as U.S. military members.

MOTION:

Rep. Lickley made a motion to send **S 1305** to the floor with a **DO PASS** recommendation.

Dr. Kendra Westerhaus, Psychologist, testified **in support** of **S 1305**. In her work with children, adolescents, and their families, issues have arisen when patients travel to other states and treatment halts. This includes children who reside with one parent for part of the year. PSYPACT will maintain the treatments and make a difference in their lives.

Dr. Carrie Eichberg, Psychologist, IPA, testified **in support** of **S 1305**. As a specialist, she is currently unable to compete for business outside of Idaho. This compact will open avenues for her to help others beyond our borders.

Dr. Lynn McArthur, Psychologist, BH Director, Health West, State Advocacy Coordinator, IPA, testified **in support** of **S 1305**. She treats individuals with eating disorders, the deadliest of MH disorders, for whom continuity of care is incredibly important. PSYPACT would help provide consistent care for patients traveling for school or other reasons. With no eating disorder residential treatment or inpatient option, patients attending treatment in Utah could continue with their therapist upon their return to Idaho. She clarified any provider seeking to bill Medicaid would need to become credentialed with Idaho Medicaid.

Chris Edwards, Psychologist, testified **in support** of **S 1305**. He provides psychological services for veterans, which includes compensation and pension exams, to allow them to receive service connection and benefits for MH needs. With few psychologists providing this service, he has to maintain licenses in four states and comply with different license requirements. PSYPACT will reduce the barriers to care and allow him to reach out to more veterans.

Responding to a question, **Mr. Edwards** explained he has to pay licensure fees along with adhere to a variety of continuing education requirements for each state. Although there is no maximum for the number of states in which a license can be obtained, there is the financial and continuing education limitation.

**VOTE ON
MOTION:**

Chairman Wood called for a vote on the motion to send **S 1305** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Erickson** will sponsor the bill on the floor.

S 1327:

Rep. Laurie Lickley, District 25, presented **S 1327**. This legislation addresses some of the implementation holes of **H 316**, 2021, which limited eligibility for the county medical indigent and catastrophic fund. The Idaho Behavioral Health Council (IBHC) worked with stakeholders to achieve this first step in improving the civil commitment process.

Ross Edmunds, Administrator, Department of Health and Welfare (DHW), Division of BH, continued the presentation of **S 1327** on behalf of the IBHC.

This legislation assigns financial responsibility for pre-commitment and post-commitment costs to the DHW. This includes post-commitment transportation and will improve the method for transporting patients.

The definition of gravely disabled is clarified with a more effective communication of the criteria for the commitment of mentally ill patients. The senior designated examiner definition is added to expand the second designated exam requirements to include experienced licensed master level MH professionals with a minimum of three years of experience doing designated exams.

Notification to committed patient relatives has been clarified to allow assistance in applying for benefits to pay for hospitalization.

Mr. Edmunds, answering questions, stated approximately 93% of persons under involuntary commitment are Medicaid eligible. The section referring to adolescents and minors has been moved to the children's mental health section of Idaho Code.

MOTION: Rep. Erickson made a motion to send **S 1327** to the floor with a **DO PASS** recommendation.

Kelli Brassfield, Idaho Association of Counties (IAC), stated the IAC is **in support** of **S 1327**.

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to send **S 1327** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Lickley** will sponsor the bill on the floor.

ADJOURN: There being no further business to come before the committee, the meeting adjourned at 10:16 a.m.

Representative Wood
Chair

Irene Moore
Secretary

AMENDED AGENDA #3
HOUSE HEALTH & WELFARE COMMITTEE
8:00 A.M.
Room EW20
Monday, March 14, 2022

For members of the public to observe the meeting, please click on the following link:
<https://www.idahoptv.org/shows/idahoinsession/ew20/>

SUBJECT	DESCRIPTION	PRESENTER
H 515aaS	Public Health District Employees - Senate Amendments Concurrence - Testimony Previously Taken	Rep. Blanksma
H 756	Crisis Standards of Care Act	Rep. Blanksma
H 760	Telehealth Access Act	Rep. DeMordaunt Rep. Young
S 1346aa	Health Care Providers - Records Requests	Senator Ricks

For Bills: The Health & Welfare Committee is taking remote public testimony as well as in-person public testimony.

There will be no sign-up sheets in the committee room. Everyone must sign up remotely no later than the meeting start time. Anyone not signed up remotely by the start of the committee meeting will not be called on to testify.

Again, please be respectful and patient as we bring this new system online.

Public Testimony Will Be Taken by Registering Through the Following Link:
[Register to Testify](#)

If you have written testimony, please provide a copy to the committee secretary.

COMMITTEE MEMBERS

Chairman Wood	Rep Erickson
Vice Chairman Vander Woude	Rep Ferch
Rep Gibbs	Rep Mitchell
Rep Blanksma	Rep Chew
Rep Kingsley	Rep Rubel
Rep Christensen	Rep Burns
Rep Lickley	

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
Email: hhel@house.idaho.gov

MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Monday, March 14, 2022

TIME: 8:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood, Vice Chairman Vander Woude, Representatives Gibbs, Blanksma, Kingsley, Christensen, Lickley, Erickson, Ferch, Mitchell, Chew, Rubel, Burns

**ABSENT/
EXCUSED:** None

GUESTS: The sign-in sheet will be retained in the committee secretary's office; following the end of the session the sign-in sheet will be filed with the minutes in the Legislative Library.

Chairman Wood called the meeting to order at 8:00 a.m.

H 515aaS: **Rep. Megan Blanksman**, District 23, presented **H 515aaS**. The Senate amendment provides for the continuation of the public health districts' risk management contracts.

MOTION: **Rep. Gibbs** made a motion to Concur with the Senate amendments to **H 515**. **Motion carried by voice vote. Chairman Wood** will sponsor the bill on the floor.

H 756: **Rep. Blanksma**, District 23, presented **H 756**, for crisis standards of care (CSOC) and access to loved ones when they are in hospitals. It establishes an ombudsman to field complaints during any CSOC. The ombudsman would be located, as during the pandemic, in the Governor's office. The Department of Health and Welfare (DHW) is required to review the existing health care system based on shortages experienced during the CSOCs.

David Ripley, Executive Director, Idaho Chooses Life, further presented **H 756**. This legislation brings Idahoans to the table to secure basic patient rights, even in the midst of a healthcare crisis. It creates accountability, requires specific mitigation to cease a CSOC, and designates an advocate for patients and families.

The patients' rights provisions guarantee visiting rights for patients in hospitals and residential care facilities. It guarantees living wills will be honored. It stipulates food and water cannot be denied a patient unless they or their family makes that decision. Informed consent and conscience protections are preserved. Vaccination status cannot be used to withhold treatment. This is an important step forward for providing assurance and assistance to people in residential care facilities.

Brian Whitlock, representing the Idaho Hospital Association (IHA), testified **in support of H 756**. There were lessons learned during the CSOC which maximized resources. At a time when other states were closing hospitals and creating triage teams, Idaho was successfully managing and collaborating to assure all patients had care access. This legislation provides a framework to protect patient rights without jeopardizing patient access to care.

Answering questions, **Mr. Whitlock** said this legislation speaks to public health emergencies or natural disasters, which may not cover all reasons for a CSOC declaration. In his opinion page 2, lines 32 and 33 capture the greater good.

MOTION: **Rep. Mitchell** made a motion to send **H 756** to the floor with a **DO PASS** recommendation.

Mr. Whitlock, in response to a further question, said the DHW Director will promulgate rules for the CSOC plan's operation.

In reply to questions, **Rep. Blanksma** stated the ombudsman's duties are already included with those of an existing staff member within the Governor's office. This is not intended to become a permanent position. The term "exercise of conscience" goes beyond religious principles.

Discussion revealed support for moving toward educating Idahoans regarding CSOCs and the continuation of collaboration between agencies and hospitals. Concern was expressed for not addressing local spontaneous CSOCs which may be needed for small hospitals.

**ROLL CALL
VOTE:**

Rep. Ferch requested a roll call vote. **Motion carried by a vote of 13 AYE, 0 NAY.** **Voting in favor** of the motion: **Reps. Wood, Vander Woude, Gibbs, Blanksma, Kingsley, Christensen, Lickley, Erickson, Ferch, Mitchell, Chew, Rubel, Burns.** **Rep. Blanksma** will sponsor the bill on the floor.

H 760:

Rep. Julianne Young, District 31, presented **H 760**. When dealing with specialized mental health issues which can be life threatening, Idaho's resources are limited. During the pandemic restrictions on interstate telehealth were suspended. With extensive stakeholder input, **H 760** continues this avenue of care for mental health and behavioral health providers. It excludes physicians, lists compliance requirements, removes prescriptive authority, and outlines the rules adoption process. This allows families to continue telehealth care accessed during the crisis.

Answering questions, **Rep. Young** explained this legislation insures a continuity of care. The sunset clause provides the opportunity for review.

MOTION:

Rep. Blanksma made a motion to send **H 760** to the floor with a **DO PASS** recommendation.

Responding to a question, **Rep. Young** said the Idaho Medical Association and the Idaho Psychology Association have stated they are neutral on this legislation.

**VOTE ON
MOTION:**

Chairman Wood called for a vote on the motion to send **H 760** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Reps. Young and De Mordant** will sponsor the bill on the floor.

S 1346aa:

Sen. Doug Ricks, District 34, presented **S 1346aa**, which applies cost limits for retrieving medical records. Third party companies contract with health care providers to process medical records requests. These are out-of-state entities. Without any guidance, they are free to charge whatever they want. This becomes vital as patients need the record copies to handle social security claims or other legal matters through requests made by their attorneys. It appears unreasonable for them to pay a lot of money for records they own.

In response to questions, **Sen. Ricks** explained the third party companies charge the fee at the time the attorney requests the records, which may be before the case is settled. The direct patient portal access provides only summarized records. When court cases are involved, the full record is needed. He questions why we are allowing personal medical records to leave Idaho. Without limits on the costs, the companies are taking advantage of Idahoans.

Matt Romrell, Attorney, testified **in support** of **S 1346aa**. He shared examples of per page charges for copies of his clients' records. Injured individuals are often physically unable to get records. He expressed concern the individuals are being charged for what they already own.

Answering questions, **Mr. Romrell** said requests are based on a release from the client. He has not experienced any redactions. Receipt of records have taken thirty days or longer after the request is made. Whether electronic or paper, the charge remains the same. Requests by the patient are an undue burden for someone who may be in the hospital or otherwise incapacitated. Larger providers will upload the information to their site and provide decryption access.

Matthew Andrew, Attorney, testified **in support** of **S 1346aa**. In his work representing injured workers and personal injury cases, he has found many medical providers contracting with medical retrieval services. Medical providers are the only ones legally able to have control of the information. By contracting with a third party, they are using that control to make money, with no choice available to the patient.

Mr. Andrew, in response to questions, stated his office has made numerous attempts to secure a breakdown of the charges. To date nothing has been provided. He has not seen any redactions. This is an unregulated sphere and these entities are exclusive controllers of the services.

Kate Haas, representing the Association of Health Information Outsourcing Services (AHIOS), testified **in opposition** to **S 1346aa**. Idaho is one of seven states without cost regulation. This is a different business model with a per-page cost to cover man hours and security to assure the appropriate records are transmitted in a secure way. Third party providers have contracts with the hospitals, who also outsource with a variety of other entities, such as laboratories. She expressed concern regarding the non-inclusion of the targeted industry in producing this legislation. Ms. Haas requested the committee hold **S 1346aa** with the suggestion the issue be addressed during the legislative interim.

Jeff Owens, Attorney, testified **in support** of **S 1346aa**. The records provided to patients do not include nurses' notes and other details used in court cases. Patient portals provide only the information the hospitals think the patients need. He questioned the confidentiality of records received in bankers boxes via a delivery service.

John Foster, representing Ciox Health, testified **in opposition** to **S 1346aa**. Ciox works with nearly fifty Idaho hospital systems, medical clinics and small practice groups. They work to provide the patient information in compliance with state and federal law. This legislation seeks to regulate and dictate the terms of private contracts. Ciox Health was not consulted in the drafting of this legislation.

Federal law provides information to patients without charge. Other requests come from insurance companies and attorneys. There are strict federal requirements for releasing records which includes careful review across multiple providers and electronic systems to assure only the authorized records are provided. He shared concern regarding the consequences of a flat rate. His client is open to setting reasonable fees and even bypassing some fees completely. Protecting the patient's privacy is why the process exists. He requested **S 1346aa** be held in committee to allow time to work on a compromise for next session.

Answering a question, **Mr. Foster** explained multiple provider records must be reviewed before the release of any information. Attorneys who make broad record requests must expect it to take longer to receive the information.

Rep. Ferch declared Rule 80 stating a possible conflict of interest.

MOTION:

Rep. Ferch made a motion to **HOLD S 1346aa** in committee.

Sen. Ricks, in closing, stated this is a complicated issue. He asked the committee to note this legislation was drafted before **Ms. Haas** and **Mr. Foster** signed with the clients they are representing today. This bill may not be perfect and some additional guidelines may be needed in the future. But the cost issue exists right now. This is a personal rights issue and someone shouldn't be charged excessive amounts for their own records. Other states allow a specific per-page amount up to a specified page limit with an additional per-page cost beyond that limit. They also allow a handling or processing fee. Idaho needs to stop these unrestricted overcharges.

SUBSTITUTE MOTION:

Rep. Gibbs made a substitute motion to **HOLD S 1346aa** in committee until time certain, Wednesday, March 16, 2022.

ROLL CALL VOTE:

A roll call vote was requested. **Motion failed by a vote of 5 AYE and 8 NAY.** **Voting in favor** of the motion: **Reps. Wood, Gibbs, Chew, Rubel, Burns.** **Voting in opposition** to the motion: **Reps. Vander Woude, Blanksma, Kingsley, Christensen, Lickley, Erickson, Ferch, Mitchell.**

VOTE ON ORIGINAL MOTION:

Chairman Wood called for a vote on the original motion to **HOLD S 1346aa** in committee. **Motion carried by voice vote.** **Reps. Gibbs** and **Wood** requested to be recorded as voting **NAY.**

ADJOURN:

There being no further business to come before the committee, the meeting adjourned at 9:57 a.m.

Representative Wood
Chair

Irene Moore
Secretary

AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
8:30 A.M.
Room EW20
Tuesday, March 15, 2022

For members of the public to observe the meeting, please click on the following link:
<https://www.idahoptv.org/shows/idahoinsession/ew20/>

SUBJECT	DESCRIPTION	PRESENTER
S 1330aa	Licensing - Naturopathic Doctors, Naturopaths.	Senator Anthon Rep. Lickley
S 1285aa	Tobacco Products, Electronic Smoking Devices.	Rep. Vander Woude Rep. Blanksma
S 1350	Hospital Assessments	Juliet Charron
S 1353	Caregiver Visitation	Senator Stennett

For Bills: The Health & Welfare Committee is taking remote public testimony as well as in-person public testimony.

There will be no sign-up sheets in the committee room. Everyone must sign up remotely no later than the meeting start time. Anyone not signed up remotely by the start of the committee meeting will not be called on to testify.

Again, please be respectful and patient as we bring this new system online.

Public Testimony Will Be Taken by Registering Through the Following Link:
[Register to Testify](#)

If you have written testimony, please provide a copy to the committee secretary.

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Vander Woude
Rep Gibbs
Rep Blanksma
Rep Kingsley
Rep Christensen
Rep Lickley

Rep Erickson
Rep Ferch
Rep Mitchell
Rep Chew
Rep Rubel
Rep Burns

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
Email: hhel@house.idaho.gov

MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Tuesday, March 15, 2022

TIME: 8:30 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood, Vice Chairman Vander Woude, Representatives Gibbs, Blanksma, Kingsley, Christensen, Lickley, Erickson, Ferch, Mitchell, Chew, Rubel, Burns

**ABSENT/
EXCUSED:** None

GUESTS: The sign-in sheet will be retained in the committee secretary's office; following the end of the session the sign-in sheet will be filed with the minutes in the Legislative Library.

Chairman Wood called the meeting to order at 8:30 a.m.

S 1330aa: **Sen. Kelly Anthon**, District 27, presented **S 1330aa**, a voluntary professional licensure bill for naturopathic physicians and naturopaths. The historical lack of a license has become an issue for some practitioners for a variety of reasons. This legislation provides, but does not require, licensure. This legislation allows dual licensure for medical professionals. It requires a doctor's degree in naturopathy, passage of a national test, and/or a demonstrated minimum competency through an actual practice. A state board will be established for license issuance. He emphasized this will allow better access to naturopathic solutions and provide more freedom of care.

MOTION: **Rep. Gibbs** made a motion to send **S 1330aa** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Vander Woude** requested to be recorded as voting **NAY.** **Rep. Lickley** will sponsor the bill on the floor.

S 1285aa: **Pam Eaton**, President, CEO, Idaho Retailers Association, presented **S 1285aa** for retail sales of tobacco and electronic smoking devices. This legislation consolidates the requirements for licensing, sales, and marketing are in one location and provides uniformity. The Idaho retailers' compliance rate remains at or above an A or 94%. Uniformity helps with training and keeps the playing field level. A stipulation regarding no limiting or interfering with any local unit of government maintains planning and zoning freedom.

MOTION: **Rep. Blanksma** made a motion to send **S 1285aa** to the floor with a **DO PASS** recommendation.

Rep. Vander Woude declared Rule 80 stating a possible conflict of interest.

Erin Bennett, Government Relations Director, American Heart Association, testified **in opposition** to **S 1285aa**. The laws are not the same for these two product categories. This would not combine the products and it would not provide uniform consistent laws across the products.

Liz Hatter, American Cancer Society - Cancer Action Network, testified **in opposition** to **S 1285aa**. This legislation prevents local governments from addressing the unique needs of their communities. She asked the committee to hold **S 1285aa**. Answering a question, she said the local governments meet regularly and can address issues quickly.

Melinda Merrill, representing The Northwest Grocery Association, testified **in support** of **S 1285aa** for all of the reasons stipulated by **Ms. Eaton**.

VOTE ON MOTION:

Chairman Wood called for a vote on the motion to send **S 1285aa** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Erickson** requested to be recorded as voting **NAY. Reps. Vander Woude** and **Blanksma** will sponsor the bill on the floor.

S 1350:

Juliet Charron, Medicaid Administrator, Department of Health and Welfare (DHW), presented **S 1350**. This legislation provides funding for home and community based services (HCBS) provider increases by modifying the existing hospital assessment. Hospitals are assessed in order to draw down federal funds to support a supplemental payment in addition to regular Medicaid reimbursement.

The changes will offset the future General Fund Medicaid needs. This will be done through the modified UPL calculation methodology and assessment amount. A requirement for state and federal approval is included for the new assessment amount and calculation methodology.

Participating providers pay the difference between what Medicare would have paid and what Medicaid actually paid, which is called the upper payment limit (UPL) gap. This supports hospitals providing care to Medicaid-covered patients. Hospitals are currently assessed .42% of their net patient revenues. This legislation would increase the assessment closer to 2.8%. There is a federal limit of 6%.

As part of **H 351**, 2020, a change to the UPL calculation methodology must be made. The new calculation uses the Medicare per-diem rate as the benchmark for the Medicare payment. In this manner a larger UPL gap is available for supplemental payments to the hospitals. This change ensures the new amount will only be assessed if the UPL payment is greater than the total assessment. This change requires the approval from the Centers for Medicare and Medicaid Services (CMS).

Participating providers include private hospitals with an emergency department along with rehabilitation and psychiatric hospitals. A proposed addition will be long-term acute care hospitals.

This addresses the needs of HCBS providers, some of whom have not had rate increases since 1999. Support of these services helps our most vulnerable population while reducing the burden on the General Fund and taxpayers.

Responding to committee questions, **Ms. Charron** explained the UPL is an annual calculation based on net patient revenues and what was billed within the year. The net patient revenues include all lines of business for the hospital. The hospitals will continue to submit data to the DHW Medicaid Division. The long-time contracted auditing firm of Myers and Stauffer will continue to use the supplied data to determine the UPL payments and assessments. Absent the additional assessment, the hospitals will have the ability to seek the entire UPL payment. The supplemental payment, used in many states, is a way of acknowledging Medicaid's reimbursement is often much lower than Medicare payments.

Fred Birnbaum, Idaho Freedom Foundation, testified **in opposition** to **S 1350**. Idaho's Medicaid costs are exploding. This shifts funds to cover higher provider rate payments. However, over \$2M of the provider rate increases use federal funds, which will eventually impact the General Fund. There is no cost containment. This is actually a cost shift to hospitals, which doesn't result in a cost savings.

Answering a question, **Mr. Birnbaum** said providers claim they cannot cover the required Medicaid services. The system isn't working if the totality of cost is doubled without doubling the number of patients. Not all providers are under financial duress. This is an unsustainable broken system.

Brian Whitlock, President, Idaho Hospital Association, testified **neither in support of nor in opposition to S 1350**. This is a hospital tax to pay for non-hospital provider increases. The association board has taken a neutral position to be good partners with Idaho for Medicaid cost containment.

The legislation covers the agreement for the hospitals to pick up the ongoing cost in 2025, as long as they aren't taking all of the risks. Contrary to what was anticipated, the American Rescue Plan Act (ARPA) funds were unable to immediately cover this. The hospitals have been asked to begin the assessment in 2024. If the public health emergency continues through November, 2022, there will be two additional quarters of ARPA funds, equalling \$66M, which could then cover the amount needed for 2024. It is unknown whether the UPL will generate the anticipated amount of funds and if the new methodology will be approved by the CMS. This is a complex and confusing issue. There is a lack of contingency other than relying on the hospitals. **Mr. Whitlock** asked the committee to send **S 1350** to the floor without a recommendation.

MOTION: **Rep. Lickley** made a motion to send **S 1350** to the floor without recommendation.

SUBSTITUTE MOTION: **Rep. Vander Woude** made a substitute motion to send **S 1350** to the floor with a **DO PASS** recommendation

Rep. Ferch declared Rule 80, stating a possible conflict of interest.

MOTION WITHDRAWN: **Rep. Lickley** asked unanimous consent to withdraw her motion to send **S 1350** to the floor without recommendation. There being no objection the request was granted.

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to send **S 1350** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Reps. Ferch, Kingsley, and Christensen** requested to be recorded as voting **NAY. Rep. Vander Woude** will sponsor the bill on the floor.

S 1353: **Sen. Michelle Stennett**, District 26, presented **S 1353**, which creates a uniform essential caregiver visitation practice across facilities. Currently some facilities allow in-person visitation and others do not. Facilities require different authorizing documentation. Providers working with patients who are unable to personally advocate need the assistance of an essential caregiver for best patient care. The inconsistency also hinders spouses being with their loved ones during advanced stages of an illness.

MOTION: **Rep. Burns** made a motion to send **S 1353** to the floor with a **DO PASS** recommendation.

Chelsey Hellwege, Nampa Resident, testified **in support of S 1353**. She shared her family's struggle during her father's illness when they were not allowed to comfort, advocate, or assure her father they would take care of their mother. No one should die alone without their family by their side.

Calley Riste, Nampa Resident, testified **in support of S 1353**. She shared her personal story regarding the loss of her father and how he was isolated from his family. This is something done to criminals. It is detrimental to a patient during a time when they are expected to heal. This is not how sick persons and their families deserve to be treated.

Christi Jensen, Nampa Resident, testified **in support of S 1353**. She shared her story of her father's COVID isolation beyond the CDC recommended time. Her family was unable to help direct his nutritional needs or advocate for him. This privilege was taken away. This type of negligence has to end and this legislation is necessary.

**VOTE ON
MOTION:**

Chairman Wood called for a vote on the motion to send **S 1353** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Lickley** will sponsor the bill on the floor.

ADJOURN:

There being no further business to come before the committee, the meeting adjourned at 9:47 a.m.

Representative Wood
Chair

Irene Moore
Secretary

AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
8:30 A.M.
Room EW20
Wednesday, March 16, 2022

For members of the public to observe the meeting, please click on the following link:
<https://www.idahoptv.org/shows/idahoinsession/ew20/>

SUBJECT	DESCRIPTION	PRESENTER
RS 29839	Psychologists - Service Extenders	Rep. Erickson
SCR 120	Department of Health & Welfare - Rule Rejection	Tamara Prisock, Administrator Division of Licensing & Certification

For Bills: The Health & Welfare Committee is taking remote public testimony as well as in-person public testimony.

There will be no sign-up sheets in the committee room. Everyone must sign up remotely no later than the meeting start time. Anyone not signed up remotely by the start of the committee meeting will not be called on to testify.

Again, please be respectful and patient as we bring this new system online.

***Public Testimony Will Be Taken by Registering Through the Following Link:
[Register to Testify](#)***

If you have written testimony, please provide a copy to the committee secretary.

COMMITTEE MEMBERS

Chairman Wood	Rep Erickson
Vice Chairman Vander Woude	Rep Ferch
Rep Gibbs	Rep Mitchell
Rep Blanksma	Rep Chew
Rep Kingsley	Rep Rubel
Rep Christensen	Rep Burns
Rep Lickley	

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
Email: hhel@house.idaho.gov

MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Wednesday, March 16, 2022

TIME: 8:30 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood, Vice Chairman Vander Woude, Representatives Gibbs, Blanksma, Kingsley, Christensen, Lickley, Erickson, Ferch, Mitchell, Chew, Rubel, Burns

**ABSENT/
EXCUSED:** Representative(s) Christensen

GUESTS: The sign-in sheet will be retained in the committee secretary's office; following the end of the session the sign-in sheet will be filed with the minutes in the Legislative Library.

Chairman Wood called the meeting to order at 8:30 a.m.

MOTION: **Rep. Erickson** made a motion to approve the minutes for the March 9 and 10, 2022, meetings. **Motion carried by voice vote.**

RS 29839: **Rep. Marco Erickson**, District 33, presented **RS 29839**, which addresses concerns raised during debate on **S 1286**. This continues what psychology extenders have been doing for thirty years. Without this change, new permits will not be issued.

MOTION: **Rep. Gibbs** made a motion to introduce **RS 29839** and recommend it be sent directly to the Second Reading Calendar. **Motion carried by voice vote.** **Rep. Erickson** will sponsor the bill on the floor.

SCR 120: **Chairman Wood** explained to the committee this legislation reflects the one non-fee pending rule for podiatrists both of the committees rejected. It also has three additional subsections which the Senate Health and Welfare Committee rejected based on public testimony.

Tamara Prisock, Administrator, Division of Licensing and Certification (L&C), Department of Health and Welfare (DHW), Rule Review Officer, presented **SCR 120**. The Senate committee struck three additional sections which apply to Developmental Disability agency certification. The three sections had changes which were not fully negotiated with the providers.

After the last negotiated rulemaking session, the L&C decided to not include a request to remove 302.02, subsections a-e, because other accommodations for clarification of training requirements had been made.

Upon review of the published bulletin for the proposed rules it was noticed the proposed termination procedures requirement was not included. This was then added and republished. It does appear that providers did not get sufficient notification of the addition of the new proposed termination procedures.

The public hearing on Omnibus documents, which was held November 3, 2021, did not yield any public comments. There were no comments made during the three-week comment period for the December publication of the Omnibus Rule.

Kelly Keele, Children's Developmental Disabilities Agency, Idaho Association of Community Providers, testified **in support** of **SCR 120**. The training documentation requirements become a problem because training is ongoing. This section was a complete rewrite and the promised redline version was not delivered. The thirty-day notice termination requirement is a difficulty due to staff shortages.

MOTION: **Rep. Vander Woude** made a motion to send **SCR 120** to the floor with a **DO PASS** recommendation.

Chairman Wood thanked the DHW for being forthright with the committee.

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to send **SCR 120** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Chairman Wood** will sponsor the bill on the floor.

ADJOURN: There being no further business to come before the committee, the meeting adjourned at 8:47 a.m.

Representative Wood
Chair

Irene Moore
Secretary

AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
8:00 A.M.
Room EW20
Monday, March 21, 2022

For members of the public to observe the meeting, please click on the following link:
<https://www.idahoptv.org/shows/idahoinsession/ew20/>

SUBJECT	DESCRIPTION	PRESENTER
S 1399	Extended Employment Services Program The Health & Welfare Committee is taking remote public testimony as well as in-person public testimony. There will be no sign-up sheets in the committee room. Everyone must sign up remotely no later than the meeting start time. Anyone not signed up remotely by the start of the committee meeting will not be called on to testify. Again, please be respectful and patient as we bring this new system on line.	Senator Cook

Public Testimony Will Be Taken by Registering Through the Following Link:
[***Register to Testify***](#)

If you have written testimony, please provide a copy to the committee secretary.

COMMITTEE MEMBERS

Chairman Wood	Rep Erickson
Vice Chairman Vander Woude	Rep Ferch
Rep Gibbs	Rep Mitchell
Rep Blanksma	Rep Chew
Rep Kingsley	Rep Rubel
Rep Christensen	Rep Burns
Rep Lickley	

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
Email: hhel@house.idaho.gov

MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Monday, March 21, 2022
TIME: 8:00 A.M.
PLACE: Room EW20
MEMBERS: Chairman Wood, Vice Chairman Vander Woude, Representatives Gibbs, Blanksma, Kingsley, Christensen, Lickley, Erickson, Ferch, Mitchell, Chew, Rubel, Burns
**ABSENT/
EXCUSED:** Representative(s) Blanksma, Christensen

GUESTS: The sign-in sheet will be retained in the committee secretary's office; following the end of the session the sign-in sheet will be filed with the minutes in the Legislative Library.

Chairman Wood called the meeting to order at 8:00 a.m.

MOTION: **Rep. Erickson** made a motion to approve the minutes of the March 14, 15, and 16, 2022, meetings. **Motion carried by voice vote.**

S 1399: **Rep. Marco Erickson**, District 33, presented **S 1399** to move the administration of the Extended Employment Services program from the Division of Vocational Rehabilitation to the Department of Health and Welfare (DHW).

Kelly Keele, Idaho Association of Community Providers, testified **in support of S 1399**. This legislation covers the most important things necessary for these individuals to get the services needed to find employment. The programs will be developed through a person-centered principle. All providers must be accredited and comply with a provider agreement developed by the DHW.

MOTION: **Rep. Gibbs** made a motion to send **S 1399** to the floor with a **DO PASS** recommendation.

Hannah Liedkie, President, CEO, Opportunities Unlimited, Access Idaho, testified **in support of S 1399**. This collaborative bill shows successfully the need to come together to serve this population with requirements for further protection. The administrative move is to a division very familiar with working with people with disabilities and with whom the providers work well. Answering a question, she said the expansion clarifies the administration in this statute instead of through rules.

Christine Pisani, Executive Director, Idaho Council on Developmental Disabilities, testified **in support of S 1399**. This is the result of intentional collaboration and the best attempt to address the most concerns of each party. Responding to a question, she explained the original draft legislation had a lot of accountability measures which were viewed to be federal overlay. **Sen. Cook** brought all of the stakeholders together to determine the most valuable pieces needed and developed this legislation.

Terry Fredrickson, New Day Products and Resources, testified **in support of S 1399**. This is a good bill to promote community. It will continue to allow people with disabilities to be a part of the community and work force.

McKayla Matlack, President, CEO, Development Workshop, testified **in support of S 1399**. This topic has been in discussion for a long time and the collaborative effort is exciting. This provides inclusion and allows individuals with developmental disabilities to move forward with choices, which is their right.

Rep. Erickson, in closing, noted this is a change from federal oversight to allowing Idaho to focus on the program the Idaho way.

Dave Jeppesen, Director, DHW, was asked to clarify a question. He explained a trailer appropriations bill will move the funding to the DHW if **S 1399** passes the House floor. There would be no new funding.

VOTE ON MOTION:

Chairman Wood called for a vote on the motion to send **S 1399** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Erickson** will sponsor the bill on the floor.

ADJOURN:

There being no further business to come before the committee, the meeting adjourned at 8:19 a.m.

Representative Wood
Chair

Irene Moore
Secretary

AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
Upon First Recess
Room EW20
Thursday, March 24, 2022

For members of the public to observe the meeting, please click on the following link:
<https://www.idahoptv.org/shows/idahoinsession/ew20/>

SUBJECT	DESCRIPTION	PRESENTER
---------	-------------	-----------

Final Minutes Approval

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Vander Woude
Rep Gibbs
Rep Blanksma
Rep Kingsley
Rep Christensen
Rep Lickley

Rep Erickson
Rep Ferch
Rep Mitchell
Rep Chew
Rep Rubel
Rep Burns

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
Email: hhel@house.idaho.gov

MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Thursday, March 24, 2022
TIME: Upon First Recess
PLACE: Room EW20
MEMBERS: Chairman Wood, Vice Chairman Vander Woude, Representatives Gibbs, Blanksma, Kingsley, Christensen, Lickley, Erickson, Ferch, Mitchell, Chew, Rubel, Burns
**ABSENT/
EXCUSED:** Representative(s) Blanksma
GUESTS: The sign-in sheet will be retained in the committee secretary's office; following the end of the session the sign-in sheet will be filed with the minutes in the Legislative Library.
Chairman Wood called the meeting to order at 11:39 a.m.
MOTION: **Rep. Ferch** made a motion to approve the minutes of the March 21, 2022, meeting.
Motion carried by voice vote.
ADJOURN: There being no further business to come before the committee, the meeting adjourned at 11:40 a.m.

Representative Wood
Chair

Irene Moore
Secretary